This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

Edward S. Coburn M.D.

COMLEY BROS, LONDON & NEW YORK.

TRANSACTIONS

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF NEW YORK.

For the Year 1885

VOLUME XX, (No. X., N. S.)

HAVANA, N. Y.
PUBLISHED BY THE SOCIETY.
1885.

BOSTON MEDICAL
NOV 2 1915
LIBRARY
CATALOGUED
NOV 2 1915
J. F. B.

BOSTON MEDICAL
NOV 2 1915
LIBRARY

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF NEW YORK.

Proceedings of the Thirty-Third Semi-Annual Meeting held in the Court Room, Court House, Binghamton, Tuesday and Wednesday, September 9 and 10, 1884.

The meeting was called to order at 10:25 A. M., by the President, Edward S. Coburn, M. D., of Troy, the opening prayer being offered by the Rev. Samuel Dunham, of the West Presbyterian Church, Binghamton.

Dr. Titus L. Brown, of Binghamton, expressed the following

WELCOME:

"*Ladies and Gentlemen*:—It falls to my lot, on behalf of the Broome County Society, to welcome to our beautiful city, the members of the State Society. We will endeavor to make your short stay with us as comfortable as possible, and hope that when you leave it will be with the feeling that your sojourn was at least as pleasant as upon any similar occasion elsewhere."

To which President Coburn responded:—

OPENING ADDRESS.

Dr. Brown, Members of the Broome County Homœopathic Medical Society, Ladies and Gentlemen:—

In behalf of the State Society, I thank you for the very kind and cordial welcome you have given us. The spirit of hospitality that breathes in your words of greeting is exceedingly grateful to us as we turn aside a few hours from the heat and burden of every-day life, that our worn energies and weary powers may find refreshment. I do not doubt that I shall express the sentiment of both entertainers and entertained in saying, that the highest desire of each of us, in thus assembling, is not recreation merely, but something very closely akin to it—a re-creation. For we have been exceptionally fortunate if every one of us can say that neither his faith nor his hope has at any time been sick unto death. You are, indeed,

happy if your professional sky has never been lurid, and your professional zeal languid; if at no hour you have lost confidence in yourself and been led to believe, temporarily at least, that you had been mistaken in supposing that you were called to the medical profession. Solitude is not the remedy that you would prescribe for despondency, for your every-day life is solitary with this high significance: it encounters much that is unsympathetic and unappreciative. Neglect not the assembling of yourselves together, is rather the prescription I would commend to you. Valuable—even indispensable—as books may be, there is an inspiration better and more beautiful than libraries can furnish; it is that which is drawn from intelligent and sympathetic companionship. "Reading," says Lord Bacon, "makes a full man; conversation a ready man." Of all men the physician should be ready in every faculty of his nature—"full" as may well be, but of all things armed and equipped with a readiness as of a trained soldier to whom a surprise is impossible. We come here thus to train our faculties by means of an interchange of thought; our aspirations are toward the inspiration that is derivable only from pleasant, sympathetic, and intelligent association. I again thank you for your kindly greeting.

The Committee on Credentials was then appointed, consisting of Drs. W. C. Latimer and F. Park Lewis, who reported at various subsequent times the following physicians as registered in attendance:—

Drs. Geo. Allen, Waterville; T. S Armstrong, Binghamton; J. A. Bissell, Afton; T. L. Brown, Binghamton; E. S. Coburn, Troy; H. M. Dayfoot, Rochester; M. T. Dutcher, Owego; S. J. Fulton, Norwich; M. E. Graham, Brockport; J. T. Greenleaf, Owego; O. Groom, Horseheads; Geo. F. Hand, Binghamton; E. Hasbrouck, Brooklyn; Henry C. Houghton, New York; C. E. Jones, Albany; C. S. Kinney, Middletown; W. C. Latimer, Brooklyn; J. M. Lee, Rochester; F. Park Lewis, Buffalo; Mrs. C. S. Lozier, New York; R. E. Miller, Oxford; C. F. Millspaugh, Binghamton; John L. Moffat, Brooklyn; A. B. Norton, New York; H. M. Paine, Albany; O. E. Pratt, Oneonta; G. C. Prichard, Phelps; W. H. Proctor, Binghamton; J. E. Slaught, Hamilton; E. E. Snyder, Binghamton; C. F. Sterling, New York; Selden H. Talcott, Middletown; S. Talmage, Brooklyn; M. O. Terry, Utica; C. E. VanCleef, Ithaca; J. B. Voak, Canandaigua; J. D. Zwetsch, Gowanda; and nineteen visitors—Drs. H. D. Baldwin, Montrose; G. R. Bissell, New Berlin; W. W. Blackman, Brooklyn; S. A. Brooks, New Milford; J. W. Candee, Syracuse; B. L. Houghton, Greene; Mrs. J. M. Lee, Rochester; A. W. Lozier, New York; Alice F. Mills, Binghamton; E. B. Nash, Cortland; C. W. Radway, Mexico; J. G. Rugg, Gowanda; S. S. Simmons, Susquehanna, Pa.; H. S. Sloan, Binghamton; John F. Wage, Buffalo; Frances M. Wright, Waverly; and three medical students—Stella Clark, Edwin J. Clark and Ida L. Dildim, of Binghamton—56.

The Secretary read the names of twenty-five members who had sent letters of regret at not being able to attend.

As none of the members of the Bureau of Materia Medica were in the room, it was laid over, and the chair called for the

BUREAU OF CLINICAL MEDICINE,

in charge of Dr. T. L. Brown, of Binghamton, who reported that he had five papers:—

1. "Acute Sore Throat," E. Chapin, M.D., Brooklyn.
2. "A Case of Phlegmonous Erysipelas," W. C. Latimer, M.D., Brooklyn.

*3. "Fissure of the Anus," W. M. Decker, M.D., Kingston.
*4. "A Case of Trismus," and
*5. "Three Clinical Cases," B. L. B. Baylies, M.D., Astoria.

Acute Sore Throat.†

By EDWARD CHAPIN, M.D., Brooklyn, N. Y.

The affections of the throat noted in this paper will be discussed under the general head of sore throat, differentiating those which evince special characteristics. This term is retained in preference until a better one can be substituted, for we notice rarely that inflammatory action is confined to any one of the anatomical regions of the throat. When the palate is inflamed, for instance, the tonsils and the pharynx may be inflamed also; when the pharynx is involved, the palate and tonsils may also partake of the inflammation; and when the tonsils are the chief seat of the inflammation, we often find the palate and pharynx involved in the process. Those regions which participate in the same vascular, lymphatic or nervous distribution are apt to become sore or inflamed together. The principal structures involved in ordinary sore throat are the base of the tongue, uvula, soft palate, palatine folds, tonsils, and pharynx. Sometimes the larynx and trachea, and the nares and retro-nasal cavity are also affected. To avoid confusion as to terms, it may be well here to define some of the anatomical relations of the parts to be treated, and to make plain what specific regions it is intended to designate when the different terms are used. The term pharynx properly refers to all that region which is situated between the nasal cavities, the mouth, and the larynx. It is bounded anteriorly by the posterior nares and mouth, above by the base of the skull, below by the larynx and œsophagus; posteriorly by the cervical vertebræ, and laterally it lies upon the important blood vessels and nerves of the neck, and is connected by the eustachian tube with the middle ear. That portion which is above the free border of the palate will be spoken of as the upper pharynx or the vault of the pharynx. When the pharynx or lower pharynx is used, it should be understood to refer to that portion which is visible on direct inspection, viz., that portion below the border of the palate. Sore throat may be acute, sub-acute or chronic; superficial or deep seated, toxic or traumatic.

---

*Read by Title.

†Written for the Bureau of Laryngology. Included in this bureau by mistake. Read by abstract.

ACUTE SORE THROAT.

(Simple inflammatory sore throat, superficial sore throat, catarrhal sore throat, catarrhal tonsillitis, angina simplex, angina catarrhalis, pharyngitis simplex, pharyngitis catarrhalis, etc.)

Predisposing Causes.—Occupation, season, a low state of the system, the arthritic diathesis, previous attacks of a similar nature, and chronic intemperance.

Exciting Causes.—Most usually a "cold," the main cause of which is sudden or prolonged exposure to inclemency of weather or change of temperature. Damp, cold air is particularily likely to cause this inflammation, hence the larger proportion of such cases occur in the Spring and Autumn, or in the damp of a thaw after hard frosty weather. The promiscuous use of hot and cold food and drinks during the same repast. Exposure to the inhalation or inspiration of deleterious solid, fluid, and gaseous substances in the atmosphere which may act mechanically or chemically on the mucous membrane. The abuse of certain medicinal agents, as Mercury, Iodine, and Belladonna. Exposure to the fumes of tobacco smoke. Excessive use of the voice, or its use under unfavorable conditions. Abuse in the use of condiments and rich food. Reflex influence from distant organs (genito-urinary, heart, intestinal tract, liver, etc.). Several of these causes may coöperate.

Symptoms.—There is usually more or less feeling of heat and dryness in the parts, especially at first, with a moderate amount of dysphagia. The voice thick and husky in enunciation, but no actual vocal hoarseness nor aphonia unless disease extend to larynx. The voice is quickly fatigued, and exercise thereof may be even painful. Cough is rarely present, unless uvula is elongated. A constant tendency to *hawk* or *hem*, accompanied by a slight expectoration of viscid, transparent, more or less greyish pellets of mucus, occasionally streaked with blood. Hearing usually impaired where the disease extends into the posterior nares. The senses of taste and smell may be temporarily impaired. Pain is a strongly marked symptom in this form of sore throat. It is generally described as a stinging or shooting pain, followed by a sensation as of great tightness and constriction, and of the constant presence of a foreign body in the throat. Pain in the tympanum is a frequent symptom. In some cases there may be simply a feeling of general malaise, with a loss of appetite and headache. The digestive system is almost invariably at fault, bowels constipated; urine usually high colored; tongue furred; more or less well marked febrile motion, manifested by an increased frequency of pulse, heat of skin, rise of temperature to 101 or 102 degrees, anorexia, etc. It may be well to note in this form of throat trouble, that when the temperature is very high, pulse rapid, severe pain in the nape of the neck, back and limbs, increased by motion, these symptoms often supersede the usual premonitory manifestations of acute articular rheumatism. In one case that came under my own observation, the patient complained of sore throat which in two or three days developed into a severe form of erysipelas. I only cite these two cases to show that what at first may indicate a simple sore throat, may terminate in something more serious.

Examination.—The mucous membrane, as far as the inflammatory process extends, if seen in the early stages presents a congested appearence, more or less marked, according to the severity of the attack. The color varies from a deep rose to a dark, angry-looking red. The secretion at this stage may be somewhat scanty or entirely suppressed, the membrane presenting a dry and glazed appearance. As the disease progresses, a more or less profuse mucus, or muco-purulent discharge sets in. This discharge covers and adheres to the diseased parts. Oftentimes, if the attack is severe, the membrane will present quite an œdematous appearance; this appearance is more marked where the membrane is loosly attached, or where it lies upon loose areolar tissue beneath. For example: this condition manifests itself to a greater extent in the uvula; this organ is often markedly swollen and presents a humid and watery appearance. Sometimes the tonsils are so involved in the inflammatory process as to be raised somewhat from their bed, and to project from between the pillars of the fauces; the membrane covering them presents the same congested color as that of the other parts of the fauces involved. In the severe forms of sore throat the soft palate is affected as far as its junction with the hard palate, from which point the congested color of the membrane shades gradually into the healthy tissue beyond. If the follicles of the tonsils are involved, you can detect the characteristic pearl-white exudation, showing itself at the mouths of the crypts of the tonsils.

Treatment.—Some physicians contend that the affection is not a grave one, and requires no medicinal interference. This I consider erroneous advice, for the tendency is that complete resolution of the diseased parts does not take place and, as a result, there is left behind a certain amount of chronic inflammation of the membrane, which is still sufficient to involve a tendency to frequent recurrences of the attack. Unless the case is very slight indeed, the patient should secure rest, either on a bed or lounge, and the heat be equalized over the whole surface of the body. This procedure will restrain the liability to a termination in chronic sore throat. The liability of imprudence in exposure to taking cold during an attack, although slight, cannot be too forcibly impressed upon the mind of the patient. The diet should be as unirritating and digestible as possible. The following indicated remedies prove very efficient: Aconite, Apis Mel., Belladonna, Lach., Merc. Bin., Merc. Prot., Kali Bich., Phytolacca. The special indications are mentioned under "Treatment" in the second division of this paper.

Adjuvants.—It has been my experience in the treatment of throat cases that the proper use of gargles and topical applications is very beneficial. The results have been more satisfactory both to the patient and to myself. Many of the most aggravating accompanying symptoms are sooner relieved, and the progress of the disease checked in a shorter time than when they are discarded. The tendency is to use too strong applications. This should be avoided in all cases. Gargles, if properly managed, will prove an efficient method of reaching the diseased parts. As ordinarily done, gargling fails to reach the diseased surfaces, for the fluid usually reaches no farther than the soft palate. A little care in training will enable the fluid to reach back to the pharyngeal wall. Take

the fluid into the mouth, throw the head back, and attempt to swallow it, but stop just before the act is completed, and at a point where it is possible for him to expel it again.

The following gargles can be used when indicated:—

If the parts are very much relaxed, use

No. I. ℞ Tannin, ʒi.
Glycerine, ℥ii.
Aquæ, ℥viii.
Misce.

S. Gargle every two or three hours.

If parts feel hot, parched, painful and swollen, use

No II. ℞ Ext. Witch Hazel, ʒi.
Aquæ, ℥viii.
Misce.

S. Gargle every two or three hours.

Quite free use of demulcent drinks is oftentimes gratifying and soothing to the patient when the pain in the throat is severe. Bits of ice will often relieve the pain and quench the thirst that so frequently exists. The use of ice will also have a tendency to relieve the excessive secretions. If the patient is poorly nourished and aphthous patches occur on different portions of the mucous membrane, a weak solution of the Chlorate of Potash applied, and also small doses of the same given internally, prove very efficient oftentimes.

PHLEGMONOUS SORE THROAT, OR ACUTE TONSILLITIS.

(Deep-seated sore throat, amygdalitis, quinsy, angina tonsillaris, angina phlegmonosa.)

This form of sore throat exhibits a higher grade of inflammatory action than the form just discussed. It is an acute phlegmonous inflammation, attacking the fauces, in which the tonsil is the starting point of inflammatory process and bears the brunt of the disease, but also involving the mucous membrane and cellular tissue of the parts adjacent. It is characterized by marked swelling and infiltration of the parts, with a decided tendency to suppuration and the formation of an abscess. There is increased secretion with more or less constitutional disturbance. It is less frequent in patients with normal than in those with morbid tonsils; most frequent in children and young adults, and much more dangerous in children and in individuals with hypertrophied tonsils.

Predisposing Causes.—It has a tendency to run in families and is called a hereditary disease by some authors. More cases are met with among the lower classes, probably on account of their greater exposure and imperfect sanitary surroundings. Previous attacks increase the predisposition to the disease,—climate and season have a considerable influence. Moist climate and sudden changes of temperature; a state of ill health from any cause also predisposes; mental depression or anxiety also act as factors; the ordinary exciting cause is exposure to cold and wet, as sitting in draught when heated or perspiring; errors in diet, etc., etc.

Symptoms.—It is generally ushered in by a chill followed by fever. Sometimes its onset is marked by merely chilly sensations. The fever is accompanied with the ordinary attendant phenomena, namely: headache, pains in the limbs, nausea and thirst, full pulse and hot, dry skin; temperature ranging from 101 to 104 degrees; very often this stage is soon succeeded by profuse, cold, sour perspiration, anxious expression of countenance, mental depression, greatly increased by want of sleep; occasionally delirium. Following very soon upon these symptoms the patient begins to experience some dryness and uneasiness in the throat. The secretion from the mucous membrane is diminished at the onset. This is soon followed by acute pain shooting toward the ears with each attempt at swallowing. It is this pain which prevents the patient from opening the mouth, and also causes even the swallowing of saliva to be distressing. There is often complete inability to swallow, and attempts to swallow even fluid frequently result in its ejection by the nostrils, some of it oozing with saliva and mucus from the angles of the mouth. Hearing is often temporarily impaired. Pain is a constant symptom of the disease and the one element which appears more than another to produce the very characteristic prostration. The breath becomes offensive, emitting a sour, fetid odor; the glands of the neck oftentimes become enlarged and hardened; the neck itself becomes stiff and swollen, and there is more or less difficulty of breathing, owing to the mechanical interferance with the free ingress of air; the voice changes in character, becomes muffled and thick, and loses entirely its nasal tone.

Examination.—If we succeed in gaining a view of the fauces, the tongue presents a foul, whitish and sometimes yellowish coated appearance. There will be seen bulging forward a large, rounded tumefaction, displacing not only the tonsil but the soft palate, uvula and palatine arches. The mucous membrane is swollen, dark red and covered with a clouded secretion. The uvula is swollen and often elongated. If both tonsils are involved, they are often seen to meet in the median line. The affected tonsil is irregular in outline, presenting somewhat different appearances, according to the peculiar tissue of the tonsil in which the inflammatory process is most active. At first, generally, only one tonsil is involved, but in an advanced stage of the disease the other is liable to become affected also. The termination of acute tonsillitis is either by resolution or suppuration. An attack seldom lasts more than a week. Some authors classify tonsillitis according to the peculiar tissue of the tonsil involved. It is my intention to include all these forms under the head of

PHLEGMONOUS SORE THROAT.

But it may be well to describe the *follicular variety* more definitely, as that form has been more prevalent in our midst. This affection is an acute inflammation of the tonsils in which there occurs an exudation of fibrinous material, which is poured out into the cavities of the follicles which compose the organ. The exudation in the tonsil overflows the cavity of the follicle, and shows itself on the surface in a number of small, round, pearl-colored, grey spots. Its early recognition is of

importance, enabling the physician to give assurance of its harmless character, as this is the form so often confounded with true diphtheria. The general symptoms of this form are the same as those described in Acute Tonsillitis. On the surface of the tonsil there will be seen from three, eight, or ten small, round, greyish, pearl-colored spots, their borders being entirely separate, as a rule, though occasionally the exudation may extend so far that several spots may coalesce, producing the appearance of a small membrane. The crucial test is, that it will be found on using a bent probe, that it passes readily and freely through the center of each spot into the large and distended cavity of a follicle. This test should always be resorted to where there is any doubt as to the character of the exudation.

Treatment.—Remedies, with some of their indications: *Aconite*, at the very commencement, when *febrile* excitement, with much anxiety and restlessness. First congestive appearances on soft palate and *feeling of dryness*, as if something had stuck in the throat, slight hoarseness.

The most important remedy in early stages, *Belladonna*. Tonsils *swollen*, *inflamed*, and of a *dark red color*. Burning and shooting pains in throat when swallowing, the throat feels as though a plug were in it. Spasmodic constriction of fauces. *Throbbing headache* with congestion of blood to head causing fullness thereof. Throbbing of carotids, great *intolerance* of *light* and *noise*. Neuralgic pains in face and head. *External heat* and soreness of head. Congestion of the eyes with bright redness of vessels. Glowing *redness of face*. Tongue red, hot, and dry, generally clean with red edges. The pains come and go quickly. Right side of throat most affected.

Merc. Biniodatus. This remedy follows Belladonna nicely when there is a tendency to ulceration and painful swelling of tonsils and submaxillary glands. Fever somewhat subsided. Violent stitches in the throat and tonsils when swallowing, the stitches extending to parotid and submaxillary glands. Burning in the throat Swelling and intense inflammatory redness of the affected parts.

Merc. Protiodatus. The *base* of the *tongue* covered with *thick*, *dirty yellow* coating. Right side of throat more affected. Dull, aching soreness in bones and face. Ptyalism. Gums swollen and tendency to bleed. Symptoms aggravated at night and in open air. This remedy is best suited for follicular pharyngitis; rheumatic, tearing or drawing pains in the back of the head and the nape of the neck.

Apis Mel. Bright red tonsils. Dry, swollen, inflamed tongue. Stinging sensations in throat. Erysipelatous and œdematous condition of the throat. Aggravation in warm room. Cold water relieves pain, swelling, stinging, and burning sensation.

Kali Bich. Frontal headache, mostly over left eye; the pain is of a dull, heavy, throbbing character. Violent *stitches* in left ear, extending to roof of mouth. Tongue coated with *thick*, *yellowish-brown* fur like felt, or may be dry, smooth, red, and cracked Discharges from the mouth and throat *tough* and *stringy*. Hoarseness in the evening. Fauces apt to be dark red or coppery, studded with ulcers.

Hepar Sulphur. When there is frequent recurrence of the disease,

persons of a scrofulous habit. After abuse of Mercury, patient cannot bear to be uncovered. Sweating does not relieve. It should be used in all cases where there is a tendency to suppuration.

Phytolacca. Right-sided sore throat. Fauces dark bluish red; feels as if a red hot ball was lodged in fauces. Uvula large and transparent; shooting and soreness extending into ear. Glands of the neck inflamed and swollen. This remedy is especially adapted to cases of a rheumatic diathesis.

Bear in mind, when stomach symptoms are involved, such remedies as Arsenicum, Nux Vomica, and Pulsatilla.

Arum Tri. When tongue is very sore; buccal cavity raw, sore, bleeding; *refuses all food and drink* on account of *soreness;* acrid discharges excoriating parts, and particular indications of this remedy.

Baptisia should not be lost sight of in the treatment of throat affections.

Adjuvants.—The same general outline of local treatment as indicated under "Treatment" in the first part of this paper. Let me add that *gargles* cannot be used as well in this form of the disease, owing to the amount of swelling arising from the deeper tissues being involved, and the excessive pain that gargling gives. By far the most effective and agreeable local measure is the frequent holding in the mouth, with mild attempts at gargling, of warm water medicated with tincture of Calendula, or with the extract of Witch Hazel. Lemonade taken through straws is very refreshing, and is often successful in "cutting the phlegm" as the patients say. Steam and spray inhalation are too apt to fatigue the patient. Wet compresses applied externally are of great service oftentimes. After taking off compresses be very careful about taking cold. I would never niflict unnecessary pain by useless scarifications of the parts undergoing general inflammation. Never make deep incisions unless there is certainty of advanced suppuration. Beside the gargles mentioned it would be well to add the following:—

No. III. Especially adapted in the follicular variety of tonsillitis:

℞ Alum pulv., one teaspoonful.
Sacch. alb., two teaspoonsful.
Aquæ, one goblet.
Misce.

S. Gargle every two hours. When parts very sensitive and much swollen, pain excessive, use

No. IV. ℞ Alcohol, one teaspoonful.
Aqua tepid, one goblet.
Misce.

S. Gargle according to circumstances.

P. S.—The term "teaspoonful," "goblet," etc., are used for the accommodation of the patient, as it is easier for him to understand.

General Hygiene.—The predisposing causes should be carefully ascertained and guarded against. As the throat affections mentioned are more apt to occur in Spring and Autumn, patients should particularly guard against too suddenly changing clothing and habits of life, indicated by varying seasons. The throat should not be weakened by over clothing the

neck, as in the use of fur collars, for the part becomes over heated and thereby weakened. Clothing should be equally distributed over the body. It should be regulated as to quantity, in strict reference to the amount of exposure of the individual to cold, winds, moisture, etc. One of the best methods of becoming accustomed to the effect of undue exposure is to adopt the practice of sponging the body with cold water and salt, in the proportion of a small handful of salt to a quart of water. In the commencement of this practice the patient should use tepid water and gradually lower the temperature of the water, until the required coldness is reached. After sponging, follow this by a brisk rubbing until reaction occurs, producing a fine glow on the skin. This not only acts as a tonic and stimulant, but toughens the skin and renders it less sensitive to changes in temperature. Importance is attached to the necessity of eating proper food, both in quantity and quality, and the living of a generally correct hygienic life on the part of the individual.

DISCUSSION.

Dr. Clemence S. Lozier suggested *Sanguinaria Canad.* ("Red Powder") topically on a probang, at the same time giving internally the 30th potency two or three times a day.

Dr. Hasbrouck: This subject is an interesting one to us as practitioners, but it seems to me that the paper does not fully treat the subject, or else the abstract does not fully represent the paper, for I heard the name of only one drug—Baptisia—mentioned for internal use. Certainly other remedies are found useful. Calendula is spoken of for a gargle. The thought is new to me. Calendula is usually associated in our minds with traumatism—particularly incised wounds.

Dr. Henry C. Houghton: I would call attention to *Ferrum Phosphoricum.* Last winter I had some experience with it and found it valuable in controlling the early stages of tonsillitis tending to involve the parenchyma. A medical gentleman was twice relieved of conditions which had always terminated previously in parenchymatous tonsillitis. He remarked: "Now doctor, I am in for a week's sickness." Ferr. Phos. followed by Merc. Prot. gave complete relief. I believe with Schüssler that Ferrum Phos. is homœopathic to the first stages of inflammation. I prefer to use the 12^{x} trituration.

Dr. Coburn: I have also used Ferrum Phos. with very happy effect. But it was of a favorite gargle that I wished to speak, Chlorine water:

℞ Potassium Chlorate, ℥ij.
Sulphuric Acid, gtts. XL.
Water, Oj.

M. ft. sol.

Dissolve the Potassium Chlorate in the acid; after it has stood corked three to five minutes add an ounce of water, shake well, add two ounces more of water, shake well again and add of water q. s. ft. Oj; this is then ready for use—either full strength or reduced with water to suit each particular case. I use it in all forms of throat inflammation, ulceration and diphtheritic deposit. It is a first-class deodorizer, and in those cases

of ulcerated throat and diphtheria where there is much fetor to the breath, a few times using it as a gargle will positively correct the trouble. I also use it full strength with a steam atomizer.

Dr. John L. Moffat: I have not found Aconite symptomatically indicated in the first stage of inflammations and fevers so frequently as the text books would lead us to expect, and have been giving Ferrum Phos. with satisfactory results unless there were present the typical mental erethism of Aconite.

Dr. Hasbrouck: In regard to Aconite as a fever remedy, it seems to me that those who will read the lectures delivered by Dr. Richard Hughes, at Boston University School of Medicine, and recently published by Clapp & Son, will receive a new impression as to its sphere of action. I have recently read in some journal marvelous reports by Dr. Swan, of New York, of the efficacy of Ferrum Phos. in controlling fever.

A Case of Phlegmonous Erysipelas.

By W. C. LATIMER, M.D., Brooklyn,

February 16th, I was called to see Mr. T. D., aged 55 years. Found him suffering from erysipelas of right elbow with following history: Sunday, February 11th, while shoveling snow he strained the elbow, it pained him a great deal, and Camphorine was applied but failed to give relief; redness and swelling appeared and on my first visit I found the following conditions: Joint stiff and swollen, "the swelling extending four inches above and six inches below the joint, and two-thirds around the arm," red and shining, pulse 100, no thirst, somewhat restless, had passed a sleepless night, appetite good. Arn. 2^x and Bell. 3^c were prescribed, and the arm placed in raw cotton. From this time until March 5th, he grew rapidly worse, the disease extended downward to hand and up to shoulder, over two thirds of scapular and pectoral regions and as high as lower border of sterno-cleido-mastoid muscle; large bullæ appeared on various parts of the arm and shoulder, leaving the muscles exposed, while one over the inner condyle uncovered the bone. During this time Bell., Rhus., Lach., Crot-alus., Ars., and Hepar were tried but all seemed powerless to stop the disease in its destructive march. The case was seen by my friends, Drs. Lewis, Chapin and Thompson and Dr. H. A. Tucker, all pronounced it the worst case they had ever seen, and were united in an unfavorable prognosis. March 5th, being called to some confinement cases, I left him in charge of Dr. Thompson who reported daily no change for the better. March 8th, 3 A. M., messenger came for me, saying he seemed much worse and arm was bleeding I found him in a state of collapse, extremities cold, face pinched and bearing a death-like expression, and no pulse at radial artery, the arm covered with large dark clot. A messenger was at once sent for Dr. Thompson and together we removed the clot, found it due to oozing from superficial veins which had now ceased to bleed; along internal border of extensor communis muscle for a distance of six inches gangrene had made its appearance, and death seemed fast approaching.

After thoroughly cleansing the parts we applied a dressing of two per cent. solution of Carbolic acid, gave him Veratrum Vir. and China tinct. with plenty of milk, beef tea, and brandy, and had hot water in bottles applied to extremities; at 10 A. M., slight pulsation being perceptible at the wrist, the Veratrum was replaced with Ars. 6. For 24 hours life seemed to hang only by a thread, but in 36 hours the line of demarcation had formed and reaction was well established. During this time he took three and a half quarts of milk, one quart beef tea, and four ounces of brandy with no disturbance of digestion following. At this time the joint and fore-arm were in so bad a condition we should have amputated the arm at upper third of humerus had the disease not extended to the shoulder; but from this time onward recovery was slow but sure; several bed sores appeared on hips and back, which healed readily. The arm was kept covered with cloths wet in a solution of Carbolic acid and spread with Vaseline. Ars. 6 and China 1 were given for ten days, then Ars. 6 until well. The arm has the appearance of having been burned with a hot iron wherever there was any sloughing, the swelling is gradually disappearing and he is beginning to have some use of it.

DISCUSSION.

Dr. Latimer: This was written nearly a year ago. Since then he has improved, and now can use the arm without any trouble.

Dr. Henry C. Houghton: If the area of the inflammation could have been limited in the beginning, no one would doubt the beneficial results. Can this be done? The following case convinces me that it can, at least sometimes: A patient in our Ophthalmic Hospital suffering with mastoid disease, had an attack of erysipelas of the scalp every time the mastoid cells were opened, until we applied locally a mixture of equal parts of the green tincture of Veratrum Viride and Glycerine, and gave internally ten drops of Verat. Vir. tinct. in water, a teaspoonful every half hour. This checked the duration of the attacks and limited the area; not only so, but he finally escaped them altogether. He was operated on for a year, on an average of once a month.

Fissure of the Anus.

By W. M. DECKER, M.D., Kingston, N. Y.

GENTLEMEN: Fissure of the anus, and irritable ulcer of the anus are two names of different significance, yet so far as I know, all authors on diseases of the lower bowel use them interchangeably and indiscriminately to designate one and the same lesion. Against this loose use of terms I enter a protest. All fissures of the anus are not the same; they differ according to their depth and duration. Hence the need of more definite terms. I contend that names should vary as the conditions, and the name should signify, as far as possible, the nature of the lesion. A fissure of the anus which does not go down to the sphincter ani is a very trivial affair, and will generally heal spontaneously. Such fissures are

simple, uncomplicated fissures, and they are of such brief duration, and so little importance that they do not deserve a name nor consideration. Yet if we were to designate such a lesion, it would be called simple fissure of the anus. A fissure of the anus so deep as to involve the sphincter ani, is a complicated fissure, and is both irritable and acutely painful. Such a fissure, if of short duration, is properly designated "acute irritable fissure of the anus." To such a fissure as this, and the one preceding, the name "irritable ulcer of the anus" will not apply. But there is yet another fissure of the anus to which irritable ulcer will very properly apply, I refer to an old or chronic fissure of the anus. Such a fissure is the result of baffled efforts at healing on the part of an acute irritable fissure until it becomes ulcerous, and therefore doubly irritable, and then, and not before, it should receive its new name—irritable ulcer of the anus.

All fissures involving the sphincter ani are irritable. But there is difference between the irritability of an acute and a chronic fissure of the anus. The irritability of an acute fissure is due alone to the sphincter ani muscle, while the irritability of a chronic fissure is not only due to that muscle, but depends also on the character of the sore, which in nature, is like an irritable ulcer—bleeding easily, possessing few or no granulations and making little or no effort at repair.

The irritability of an acute fissure is reflex. The irritability of a chronic fissure is both direct and reflex.

A fissure is acute so long as its efforts at repair are vigorous and normal. A fissure becomes chronic when the efforts at repair are sluggish and feeble, and the *sore* is irritable.

SYMPTOMATOLOGY.

The horrors and difficulties of fissure of the anus gather round the sphincter ani muscle. It is surprising how much distress a little lesion and a little muscle will provoke. Pathology in all its diversity and scope contains few lesser lesions attended with more maddening pains. It's a novelty—a little sore attached to a mechanism for great emphasis. A sore of the same magnitude located elsewhere in the human body would, as a rule, be insignificant in consequences, but when ever so slight a lesion involves the sphincter ani muscle the association is exceedingly unpleasant, and vehement functional discord is the result. The fissure hurts the muscle, and the muscle hurts the fissure. It is tit for tat, and more than that, it affords us an incident (and such incidents are rare) in which *things* are apparently endowed with instinct and reason.

To rightly understand fissure of the anus we must consider the process of normal defecation, the effect it has on the fissure, and the effect the fissure has on the sphincter ani muscle.

In health the rectum is empty except for a short time preceding stool. The presence of fæcal matter in the healthy rectum is at once announced by a peculiar sensation known as a desire for defecation, but when morbidly excessive, it is termed tenesmus.

The process of defecation begins by peristaltic contraction of the sigmoid flexure, which forces the fæces into the rectum. Then comes the

sensation which calls for the expulsive act. Now the expulsion of the fæces is under the control of several muscles, which may be divided into three groups, viz:—

1st. The circular and longitudinal muscular coats of the rectum (involuntary).

2d. The abdominal and levator ani muscles and the diaphragm (voluntary).

3d. The sphincter ani muscles (semi-voluntary).

The muscular coats of the rectum, which constitute the first group, are often sufficient in themselves to expel the fæces, especially when they are soft. Usually, however, these muscles are assisted by the second group —the abdominal and levator ani muscles and the diaphragm; and the action of these voluntary muscles when the breath is held, constitutes what is known as straining, and by their coöperation they become a powerful auxiliary in the expulsion of large and hardened fæces from the rectum.

The first and second groups of muscles, which we have just considered, are the *positive* factors of defecation. The first group acts directly, and the second indirectly to expel the fæces from the rectum. They are the *vis a tergo* of defection. But the most important part of defecation, as concerns fissure of the anus, remains to be considered—the part performed by the sphincter ani muscle.

The sphincter ani is a striated muscle of considerable power. The business of this muscle is to keep the anus shut. It is the antagonistic muscle of defecation. In action it is both voluntary and involuntary, with the involuntary element predominating, and by reason of this opposite mixture, its functions are at times contrary and contradictory.

In normal defecation, immediately preceding the expulsive act there is always a voluntary relaxation of the sphincter ani muscle. But this relaxation is of short duration. Very soon the passage of fæces is interrupted by the contraction of the sphincter, and this contraction will take place notwithstanding all efforts to oppose it. In an ordinary evacuation, therefore, the sphincter ani is repeatedly relaxed and contracted and the stool is voided in installments. The sphincter ani when most favorable to stool is merely relaxed, and presents even then a certain amount of resistance to the discharge of the fæces.

The healthy sphincter ani is antagonistic to normal defecation, and the diseased sphincter ani is more so. Therefore, in fissure of the anus defecation is a very serious and painful event. In the act of expulsion, the relaxation of the sphincter and the forcing down of the fæces against it tears the fissure, which irritates the sphincter, and immediately the limited, semi-voluntary relaxation of the sphincter is cut short, and the sphincter contracts violently on the fæces. These contractions are a great hindrance to evacuation, and considerable expulsive force is requisite to overcome them, or rather to drive the fæces through the contracted sphincter.

Now as to contractions of the sphincter ani attending fissure of the anus, Van Buren, in his work on *Diseases of the Rectum*, page 204 says: "It is not the whole sphincter muscle which acts at once by spas-

modic contractions, but only certain bundles of its ultimate fibers, and those which are in immediate relation with the little ulcer." From personal experience and observation I am obliged to differ with VanBuren in the above statement. The contractions of the sphincter muscle are both clonic and tonic, both partial and complete. I have known the sphincter ani six or twelve hours after a difficult defecation, to be so closely and firmly contracted that it was impossible to pass flatus by the anus, but after repeated and protracted effort at expulsion the flatus would escape by the fissure instead of in the usual way; and such extreme and complete contraction of the sphincter ani, I believe, is common to this disorder. Spasmodic contraction like this, while it lasts, is tetanus of the sphincter.

When flatus escapes by the fissure, the pain is sharp, cutting, tearing, the same as at stool only less in degree. The teasing pain of fissure which comes on a few hours after stool, is due to spasmodic contractions of those ultimate fibers of the sphincter muscle which are in contact with the fissure. Fissure of the anus induces sympathetic disorders of the pelvic organs. The womb, the spine (below the dorsal), and the bladder are often secondarily involved in disease. Hence it is, that fissure of the anus is occasionally overlooked, and the subject is treated for the secondary disorders. This mistake is the most apt to be made in the female, who is subjected to treatment of the womb, bladder or spine.

Let us now pass to the therapeutics of fissure of the anus. You are all familiar with the forcible stretching of the sphincter, by the use of the thumbs, in order to paralyze the sphincter temporarily; you are likewise familiar with the cutting operation, therefore these methods of cure will not be considered; but we wish to call your attention to a method of cure which is purely medicinal and hygienic.

As a rule, fissure of the anus occurs in patients who are habitually constipated and repeated sufferers from hæmorrhoids. Hence, the condition of the bowels demands the first attention. The patient should have a stool every day—delays are dangerous—and to this end I do not believe in waiting for constitutional treatment, but at once resort to injections of Glycerine. Half an ounce of Glycerine thrown into the rectum will cause the bowel to act, protect the fissure from the fæces, lubricate the stool and rectum, and thus greatly assist in the expulsion of the fæces. Glycerine is also healing and soothing to the fissure, and the inflamed bowel and anus. It acts here much as it does when brought in contact with the inflamed cervix and os uteri, *i. e.* it causes a free discharge of serum from engorged capillaries, and thus relieves local embarrassment of the circulation. And this, I apprehend, is the action of Glycerine on all congested mucous membrane indiscriminately.

After stool the anus should be thoroughly washed in cold water, and the bath should be prolonged that the water may relieve the congestion of the parts. The bath may be repeated several times a day according to the degree of inflammation and the pain. After bathing, the parts should be well dried, and then wet with a dilution of Calendula—one part to four or six of water. This lotion should be used several times a day. For irritable ulcer, or chronic fissure of the anus, a better lotion

after bathing is Iodoform powder dusted on the ulcer. There are other lotions which have a favorable action, such as Hamamelis, Flowers of Sulphur and Glycerine in proportions ʒj of the former to ℥j of the latter.

By following out properly the hygienic and local treatment herein given, together with the constitutional administration of the appropriate homœopathic remedies, the great majority of all the cases of fissure of the anus may be promptly cured without resort to surgical means.

Here is a list of remedies which will be found beneficial in this disorder, when used accordiug to their indications :—

Natrum Muriaticum, Nitric Acid, Phytolacca, Ignatia, Nux V., Sulphur, Silicea, Ratanhia, Graphites, Hamamelis, Alumina, Sepia, Thuja, Lycopodium, Aconite, Belladonna, Arsenicum, Hypericum, Æsculus Hippo., and Collinsonia Canad. For the cutting, stinging, biting, smarting, teasing pains which come on several hours after stool, and are occasioned by the clonic and tonic contractions of the sphincter which work the fissure; for this irritable, agonizing, maddening pain, the best remedy is Ratanhia. It should be given not lower than the first centesimal, and then not too often or it will produce an aggravation. If given frequently the 3x would be preferable

The best local treatment to relieve this extreme spasmodic pain is ice cold water or ice. Belladonna, Atropia, Opium, Morphia, and Cocaine may be used for the same purpose.

Trismus and Left-Sided Facial Spasm.

By B. L. B. BAYLIES, M.D., Astoria.

July 22d, '83.—Capt. B., having employed himself laboriously sweeping a church on a warm day, being in a profuse perspiration sat fanning himself in the gallery to cool; he was in a few days attacked by the following symptoms: Trismus, spasm of the facial muscles of the left side from lower jaw to zygoma and temple; at times he can scarcely separate the jaws, but at intervals to the extent of three-fourths of an inch; water strangles him, it seems to go to the lower pharynx, he says meets mucus there, it then comes up forcibly; ale does not strangle him, and he thinks a little goes down. When he gets into a doze pain and spasm of the jaw wake him suddenly with a start; general twitching during sleep; he has to keep a rag in his mouth while sleeping or his jaws come together like a rabid dog's teeth, and bite his tongue. The spasm is tonic, worse by lying on the painful side; worse in the afternoon; he raises white mucus, partially opaque. While gargling, a long string of mucus streaked with blood came up at 9 this A. M.; a little vertigo on lifting the head quickly. At 1 P. M., July 22d, Lachesis^{200}, one dose pellets, dry. July 23d: He took three enemas of beef tea since last evening; slept more than the night before; did not bite his tongue so often; skin warm; pulse strong, not much accelerated. The external meatus of left ear has been acutely tender, not so to-day; nearly all drink comes up, it seems to go farther down into the œsophagus than yesterday; putting the fingers between the teeth,

they were forcibly snapped upon last night; dreams and talks in his sleep.

July 24th.—This morning he swallowed some coffee with difficulty. July 25th: Warm liquids, tea and coffee, and water if not too cold, are agreeable to the mouth; he bit his mouth on waking in the night; never lies much on his left side, cannot do so now on account of soreness; took Phosphorus^{200}, two doses dry yesterday afternoon at three hours interval, and had two long naps amounting to three hours and felt better after sleeping, not worse, as before; by mistake Phosphorus was given during the night in solution, and came up each time with pain. He had trismus and spasm of muscles of deglutition while taking milk this morning; severe drawing of the left side of face and corresponding eyelids. Continue Phosphorus dry. July 27th: Slept well last night till 3 this A. M., he then began to eject large quantities of white stringy mucus from the pharynx, so that the strings if put together, he said, would reach to the school house, after which he was able to swallow; warm drinks go down more easily than cold; he has frequent twitches of the face; some hawking at 11 P. M., being awakened by a dog's bark. Facial spasms recommenced at 5:30 A M., and continued at frequent intervals all day; he ejects frothy, viscid mucus always immediately after drinking; bit his tongue about 8 P. M. yesterday, while dozing; spasms about the mouth evert the lips and pull his head forward and downward, more upon the left side, "it gives a long pull, a strong pull and a pull altogether;" it comes and goes suddenly, and seems to agitate the whole body; he generally sits up during the spasms; likes lemonade; teeth sore after drinking; takes Phosphorus ^{200} dry, every two hours.

July 29th, 11 A. M.—He has been sitting or walking around the room most of the morning; had Phosphorus 30^{m} F., two powders during the night, one dose this morning. Sleeping more, has taken less medicine for some nights during the night, but last night did not sleep as well after 11 P.M.; the facial spasm continues and the jaws close when he attempts to take anything solid; the lips during the momentary tonic spasms compressed and somewhat everted; contraction of the left sterno-mastoid and posterior cevical muscles, especially on the left side; water seems to lodge in the throat a little, and irritates it, milk is better, and lemonade best of all. He drinks well with some gulping sound, and always raises white mucus afterward, more easily after lemonade; no spasms in muscles of trunk or limbs; very little hyperæsthesia, except during or soon after spasm; no symmetrically lateral hyperæsthesia as with Agaric. At 12 M., July 29th, Cicuta Virosa 2^{m} F., three powders dry, one every three hours. 6 P. M., after two powders of Cicuta, less mucus, less hawking, facial spasms much less frequent, feeling much better. Continued treatment.

July 30th.—Slept well last night without spasms; they are frequent today, not quite so frequent as yesterday, more so if the mouth gets dry, which is the tendency; he raises mucus as often but not so much; mouth not more open; posterior cervical muscles swollen; throat feels full; was formerly much troubled with heartburn and waterbrash in the night, especially after sweats; teeth sore; better from washing the face and from warmth (Asar. Europeum, Mezereum, Sabadilla).

August 3d.—Heavy, pressive pain in the back of the neck on awaking in the morning, it gave him great anxiety, was relieved by warm bathing. ℞ Asarum Europ.^{200}, dry pellets, followed by the same in solution, every three hours; in the afternoon had less twitching and felt better; cheerful. August 4th: Slept well in the early morning; withdrew his tongue and skilfully rescued it from a bite; much less facial and maxillary spasm; chewed and ate moistened cracker.

August 5th.—Slept well last night, is eating corned beef and cabbage at dinner though with some weakness of masticator muscles. From this date continuous improvement with some fluctuation in degree of stiffness of neck and jaw, and discharged cured August 16th.

August, 1884.—The patient enjoys excellent general health, but has during three or four months been under the care of an oculist for glaucoma.

Three Clinical Cases.

By B. L. B. BAYLIES, M D., Astoria.

LITHIASIS.

June 29, '83.—I. S. suffered much with gravel, beginning with pain in the right kidney, extending forward and downward to the corresponding groin; griping, cutting pain in the bladder before micturition; aching soreness and dead feeling in the parts before the pain; nausea and vomiting of mucus; discharge of much rust-colored slime and of red gravel with the urine, the smaller stones voided red, the larger white; he hawks a great deal of mucus from the throat; bowels regular. Chelidonium, Berberis, Ocimum Canum, Pulsatilla and Colocynth present nephralgia on the right side. The peculiar pains in the bladder determined the choice of Colocynth, on June 30, of which he took a few pellets dry, of the 45^{m} Fincke, every two or three hours. He found relief from each repetition of the dose.

July 2.—Coloc. 45^{m} F., dry, two or three times a day.

July 4.—He looks and feels well.

August, 1884.—Several months ago he had slight symptoms, and feared an attack of gravel, but was relieved quickly by the remedy. Has since continued well.

INTERMITTING FEVER CURED BY ALOES.

Mrs. K. had chills and fever on three successive days, commencing at 11 A. M. I saw her in the third paroxysm. She had high fever, with severe burning back-ache in the sacro-lumbar region, bearing down like labor pains in the hypogastrium, causing agony and crying out; ache throughout the head, "sharp" from before backward; she complains of great soreness of the abdomen, which however bears pressure well; much flatulence; mouth and lips feel dry; the latter are dry and very red; feels the bearing down, front and back, while standing; she had bleeding hæmorrhoids badly last week; worry brings them on; weight at pit of

stomach after eating, and sometimes burning sensation there; cannot eat in the morning.

Aloes^{200} given in solution every two hours. After this she recovered health without another paroxysm.

August, 1884.—None since.

BENEFICIAL EFFECT OF COCA IN BRONCHO-PULMONARY CONGESTION.

January 7th, 1883.—J. G., thin and narrow chested, of consumptive family, has dull heavy pain and tired feeling below the left clavicle, increased after coughing; cough from tickling at pit of the throat or bifurcation of the trachea, worse generally night and morning, especially worse yesterday afternoon; expectoration when first awaking in the morning about 7 o'clock; raising then by one or two efforts a quantity of bloody mucus of uniformly pink color; respiration accelerated and oppressed; he is obliged to take a deep breath frequently; lies on the back even when well, is not comfortable on the side; prefers cold drink. Physical examination showed dullness on percussion, and absence of respiratory murmur below the left clavicle. ℞ Ipecac$^{\infty}$ in solution every three hours.

January 12th.—The sputa consist of small masses of black blood and of yellow mucus. He slept well after 12 o'clock last night; coughed very little to-day; feels weak and averse to exertion; likes cold milk.

January 16th.—He has continued weak and easily fatigued, with bloody sputa, dull subclavian pain and hurried respiration. I prescribed Erythroxylon Coca^{30} in solution three times a day.

January 21st.—The patient rapidly and steadily improved while taking the Coca, the bloody expectoration and cough ceased; strength and appetite coincidently improved and remained good. Treatment on this day discontinued.

June 24th, 1884.—Patient has had no severe cough since, to this date. I was induced to consider Coca by the benefit experienced by a friend, and recovery under the use of the Wine of Coca for bronchial catarrh with profuse expectoration of purulent mucus, much debility and tired, heavy feeling in the chest. In J. G's. case the suggestive features in accord with the proving were the dull, heavy pain below the clavicle, shortness of breath, disability and profuse expectoration.

REPORT OF THE BUREAU OF MATERIA MEDICA.

1. "Tobacco," C. F. Millspaugh, M.D., Binghamton.
2. "The Neurasthenic Symptoms of Physostigma," F. F. Laird, M.D., Utica.

Tobacco.*

By CHAS. F. MILLSPAUGH, M.D., Binghamton.

SYN.—*Nicotiana Tabacum, linn., Nicotiana Macrophylla, Sprengel, lehm., Hyoscyamus Peruvianus, gerard.*

COM. NAMES.—*Tobacco; (Fr.) Tabac; (Ger.) Tabak.*

A tincture of the leaves of Nicotiana Tabacum, L. A tincture of the alkaloid Nicotinum.

Description.—This largely cultivated, rank, acrid, annual herb, the base of the most wide-spread of all narcotic habits, grows to a height of from four to six feet at its flowering season. *Root* long, fibrous and tap-shaped. *Stem* erect, simple, cylindrical, solid and viscid-pubescent. *Leaves* alternate, bright-green upon the upper surface, paler beneath, those of the base more or less petioled, large and broad; ovate and from one and one-half to two feet long, by from ten to eighteen inches broad; those of the upper part of the plant more or less amplectant, oval-oblong or oval-lanceolate, all entire acute and glandularly pubescent. *Inflorescence* a terminal spreading panicle of rose-colored or white flowers; *bracts* lanceolate, acute. *Calyx* inflated-tubular or campanulate, 5-cleft, viscid-hairy; *teeth* narrow-lanceolate, acute. *Corolla; tube* funnel-form, clammy-pubescent, from one and one-half to two inches long; *limb* salver-form, plaited, 5-cleft, the lobes acute and broadly triangular. *Stamens* 5, equal or nearly so; *filaments* inserted upon the base of the corolla and nearly as long as the tube; *anthers* small, opening longitudinally. *Ovary* ovate, 2-celled; *style* slender, about equal in length to the filaments; *stigma* capitate, 2-lobed. *Fruit* a 2-celled ovate capsule, situated in the cup of the persistent calyx; *dehiscence* septicidal from the apex; *valves* 2, becoming at length separated; *pericarp* papyraceous, thin. *Seeds* innumerable, minute, subcylindrical; *testa* sinuously, raised-reticulate.

History and Habitat. There seems to be little doubt that tobacco is a native of some portion of South or Central America, where it appears to have been used by the natives as a narcotic from pre-historic times. The first intimation history gives of its use, is the account of the Spaniards with Columbus, who upon landing at St. Domingo, in 1492, discovered the natives smoking cylinders of the dried leaves, which they called *cohiba*. In 1498 its use was again noted by them upon the British West Indian Island of Tobago. It was either from this island, or from the native word meaning pipe, *tobaco*, that the specific name was derived. Tobacco was quite extensively used by the Spaniards in Yucatan as early as 1520, and from there its use was introduced into Spain by Hernandez de Toledo in 1559; about this time also, it was first grown in Europe, at Lisbon, and from there in 1560, Jean Nicot, ambassador to France, sent seeds, mentioning them as the germs of a medicinal plant of great value. From this circumstance Linnæus honored him with its generic name, *Nicotiana*. In 1585 its use by the Canadian Indians was discovered, and in 1586 it was brought to England by Sir Francis Drake and Sir Walter Raleigh and his companions. About the year 1600 the plant was introduced into

*From advance sheets of *American Medical Plants.*

Java, Turkey, India and China, though some historians feel confident that the Chinese had used the leaves long before this period, attempting thus to more fully substantiate the theory often promulgated that the Chinese had visited the western shores of America long before the discovery of the eastern coasts by the Spaniards. The rapidity with which this plant has traveled from one extremity of the temperate and torrid zones to the other, notwithstanding the act of the English Parliament, the Popish bull, the Russian knout and death, the commands of the priests and sultans of Turkey and Persia, and the edict of the hwang-ti of China, is almost incredible, the very opposition that attended its first introduction into all countries seemed only to urge its onward rush, until it has gained to-day a prominence greater than any other known plant.

Besides the true Virginian tobacco (*Nicotiana Tabacum, L.*) for which the genus was composed, the following species and varieties have been determined: *N. rustica, L.*, a species with greenish-yellow flowers, cultivated in Mexico, India, Syria and Turkey (*Latakia*), and found escaped in the northern United States; *N. Tabacum, var. undulata, Sendtner*, found in Brazil; *N. quadrivalvis, var. multivalvis, Gray*, a relic of aboriginal cultivation in Oregon; *N. Palmeri* an Arizonian species (Palmer); *N. Clevelandi*, a Californian species (Cleveland); *N. Plumbaginifolia, Viv.*, a Mexican species (Berlandier); *N. fructicosa, L.*, a beautiful species with sharply pointed capsules; *N. persica, Lindl.*, cultivated as the fragrant Shiraz or Persian tobacco; *N. repanda, Willd.*, furnishing the fine Havana and Cuban leaves; *N. quadrivalvis, Pursh.*, used by the Indians along the Missouri river and called by them *nonehaw*; *N. nana, Lindl.*, the plant of the Rocky Mountain tribes; *N. chinensis*, as cultivated in China and Japan; *N. trigonophylla, Dunal, N. Bigelovii, Watson*, and *N. attenuata, Torrey*, the leaves of all of which being used by the Indians of Utah, Arizona, New Mexico and Southern California, are said to be stronger than the cultivated plants (Palmer); *N. lancifolia, Willd.*, and *N. Ybarrensis, HBK.*, to which Prof. Asa Gray refers the *Yaqui Tobacco*, cultivated in Arizona (Palmer); and *N. petiolata*, a variety of cultivation in the United States.

The tobacco plant flowers in temperate regions from June to August, varying with the locality and season.

Tobacco can be raised in its proper soil at almost any point between the equator and the 50th degree N. or S. latitude, the better grades however not above the 35th degree, and the best between the 11th and 35th degrees north. The production of this narcotic for its specific use as before intimated is enormous, and increasing rapidly from year to year, the United States alone raising 472,061,175 lbs. in 1880, or nearly double the product for 1870. The estimated annual production of the globe is placed at about 3,000,000, tons! which taking the world's population at present (1882) to be 1,433,887,600 would furnish each individual, without regard to age, sex, or condition, with over 4½ lbs.

As an habitual narcotic its modes of use are various. I place them here in the order of their harmfulness: Chewing without expectorating, inhalation of the smoke, chewing and expectorating, insufflation of snuff, and smoking without inhalation. The leaves are prepared for use,—

after passing through processes which tend slightly to militate against the poisonous properties,—in the form of twists soaked in molasses or liquorice for chewing, called *plugs;* shredded leaves more or less pure, for chewing or smoking, called *fine cut;* finely-broken leaves, sometimes bleached, for smoking, termed *granulated tobacco;* rolled into cylindrical forms, either pure or saturated with nitre, as *cigars* and *cheroots;* rolled into small cylinders and wrapped in paper, as *cigarettes;* pulverized and kept dry or damp for insufflation or chewing, as *snuff;* and many other minor forms.

Its exhibition internally as a drug, must be conducted with the greatest care and watchfulness according to the susceptibility of the patient and the potence of the preparation. It was formerly quite esteemed as an anthelmintic, emetic, anti-spasmodic, cathartic, and sialagogue. Externally its forms of application were many in hemorrhoids, various skin diseases of man and beast, spasma glottidis, rheumatism, ulcers, tumors, and kindred affections.

Its officinal form in the U. S. Ph. is now simply *Folia Tabaci;* its former officinal preparations were dismissed at the 6th revision, 1882. In the Eclectic Materia Medica the preparations are *Infusum Tabaci, Oleum Tabaci* and *Unguentum Tabaci.*

PART USED AND PREPARATION.—The generic effects of Nicotiana being almost, if not quite identical in each species, and as the physiological effects have been gathered from all sources, varieties, and uses, the leaves of any fully-developed plant may be used. Place the dried and finely-cut leaves in a bottle, cover them with five parts by weight of alcohol, and allow them to stand at least eight days, well stoppered, in a dark, cool place. The tincture may then be pressed out and filtered. If prepared from Havana leaves, which contain the smallest percentage of nicotia, it presents a clear orange-brown color by transmitted light, the characteristic penetrating odor and taste of the plant, and only a slight acid reaction.

Nicotinum.—A Solution of one part by weight of the volatile alkaloid *nicotia* in 99 parts of absolute alcohol.

CHEMICAL CONSTITUENTS.—Nicotia,* $C_{10}H_{14}O_2$. This volatile alkaloid exists in the leaves and seeds of all species of the genus nicotiana from which it may be extracted by aqueous or alcoholic distillation. The process best calculated to extract the full amount is Laiblin's modification of that of Schlœsing,† substantially as follows: The cut leaves and stems are placed in some convenient apparatus, covered to a good depth with water, and allowed to digest 24 hours or more, then heated by means of superheated steam for half an hour, filtered and pressed. The mass is again dealt with in the same way, and the resultant liquids united and evaporated to one-third. Ten per cent. of the original weight of the tobacco of slaked caustic lime is now added, and the whole subjected to distillation by steam, until the disgusting odor of nicotia is no longer perceptible from the still. The distillate is now neutralized by a known weight of oxalic acid and evaporated to a thin syrup, the requisite

*Nicotina, nicotin, nicotylia, nicotine, tabacine.

† *Annal. d. chem.*, vol. 196, p. 130.

amount of potassa to neutralize the known quantity of acid is now added, which causes a separation of the crude nicotia; this is collected and the menstruum treated with ether to extract the remaining alkaloid. Both resultants are now mixed, purified by distillation with hydrogen, solution in ether, shaking with powdered oxalic acid, solution again in ether, decomposing with potassa and redistillation in hydrogen. The distillate (Nicotia) is a colorless pure liquid, having a peculiar repulsive acrid odor not resembling tobacco, a burning taste, strong alkaline reaction, turning brown when exposed to light and air, and a specific gravity of 1.048 at 0°C. (32°F.). It boils at 250° C. (482°F.), is soluble to any quantity in water, alcohol or ether, and completely saturates acids.

The question as to the presence of nicotia in tobacco smoke, a point quite necessary to determine, seems still unsettled, many chemists of note having failed to detect its presence, while others find it in considerable quantity without apparent trouble. Vohl and Eulenberg (1871) conclude that nicotia is completely decomposed in the process of smoking, while Kissling (1882) in a comprehensive essay* criticises their process, and judges that their analysis was incorrect. He also criticises the analyses of Heubel, Le Bon and Pease, who found nicotia, and reports its presence in his own analysis. The smoke contains, according to Vohl and Eulenberg, who have made careful analyses,† *pyridine*, C_5H_5N; *piccoline*, C_6H_7N; *lutidine*, C_7H_9N; *collidine*, $C_8H_{11}N$; *parvoline*, $C_9H_{13}N$; *coridine*, $C_{10}H_{15}N$; *rubidine*, $C_{11}H_{17}N$; and *viridine*, $C_{12}H_{19}N$; all of which are bases occurring in coal-tar, and in Dippel's oil (*Oleum Animale Dippelii*), a product of the dry distillation of bones and other animal matter. Besides these another hydrocarbon, $C_{38}H_{18}$; carbonic anhydride; hydrocyanic acid; sulphuretted hydrogen; acetic anhydride; formic, propionic, butyric, valeric and carbolic acids; creosote; several hydrocarbons of the acetylene group; ammonia; methane and carbonic oxide were found present.

Oleum Tabaci.—This empyreumatic, tarry liquid doubtless contains many of the hydrocarbons mentioned above, and mixed with nicotia is in great part that subsidence found in the smoker's pipes.

Nicotianin.—Tobacco Camphor.—$C_{20}H_{32}N_2O_3$. Hermbstadt (1823) observed floating separate upon the surface of an aqueous distillate of tobacco leaves, white laminæ, to which he gave the above name. Nicotianin consists of white, scale-like crystals, having a bitter aromatic taste, soluble in water, alcohol and ether, and emitting a tobacco-like odor.

Nicotinic Acid.—$C_5H_4N,CO.OH$, was first discovered by Huber, who subsequently recognized it as *carbopyridenic acid.* Weidel afterward separated this principle from nicotia by the use of nitric acid, and deemed his product identical with that of Huber; he gave it the formula $C_{10}H_8N_2O_3$‡ Laiblin, however, (1879)§ after successive tests favors

* Quoted in *Jour. Chem. Soc.*, August, 1882.

† *Vierteljahrsschr. f. gerichtl. und offentl. Medicin*, N. ed., Vol. 14. p. 249.

‡ Laiblin, *Jour. Chem. Soc.*, October, 1879, quoted from *Liebig's Annalen.*

§ Ibid.

the formula of Huber. This acid forms colorless, sublimable crystals, possessing a strongly acid taste.

Oil of Nicotiana Tabacum.—The fixed oil of the seeds, according to Wittstein, is golden-yellow, mild and inodorous, having a density of 0.917. A corresponding or identical oil, $C_{11}H_{22}O_2$, is found (Zeise) in *Oleum Tabaci.*

Tabacose.—The presence of this tobacco sugar has been determined by Prof. Attfield* in amounts varying in different samples, from about 5–10 per cent. The precise nature of this saccharose body is not yet known.

Besides the above the plant contains gum, mucilage, tannin, and from 15 to 30 per cent. of inorganic matters, salts of potassium, calcium and magnesium, as sulphates, phosphates, malates, nitrates and probably citrates, these latter differing in quantity according to the nature of the soil in which the individual grows, and showing it to be a very exhaustive crop.

PHYSIOLOGICAL ACTION.—The important question of whether the use of tobacco in moderation is harmful or not, has been decided in the negative by many of the highest authorities. It would seem that he who can use it at all, and who notes no symptoms from its moderate exhibition, is not particularly injured. In this as with all other drugs, it must be remembered, that what is moderation in one individual is often excess in another, and that, therefore, the dose, whether taken as a remedy or otherwise, must in all cases be suited to the particular individual under consideration. Concerning the many essays that are written upon this subject, the fact that all of them show to a careful reader whether the writer is a user or not, renders them very unsatisfactory and more or less faulty through partisanship.

Chronic effects.—It is almost an impossibility to gain a systematic knowledge of the chronic effects of tobacco poisoning, though the sources of information upon this subject would seem at first to be excellent. The effects produced upon smokers are almost useless in the study of the *drug* itself, and it is only in that class of chewers who swallow the juice, that positive data could be looked for; still here, as well, we are at a loss to determine facts, for in manufacturing the narcotic processes are used which alter the product greatly; nevertheless some few symptoms seem to be more or less common to all who have been for protracted periods subjected to the drug. Mental anxiety and irritability, with at times confusion of ideas; dilation of the pupils; ringing in the ears; increased secretion of saliva; uncertainty of speech; dryness of the throat; at times weakness of the stomach and nausea; increased secretion of urine; dry cough, especially at night; præcordial oppression with palpitation of the heart and at times an irregular pulse; trembling of the extremities when held long in one position; general anæmic condition of the blood; spasmodic contractions or jactation of single muscles; sensations of exhaustion and especially lassitude; sleepiness; profuse perspiration, and sensitiveness to cold.

---

* *Pharm Jour. Trans.*, Jan. 12, quoted in *Am. Jour. Phar.*, 1884, p. 147.

It would seem to be a fact, that in habitual users of this or any other toxic drug, the drug acts more or less as its own antidote, for immediately upon discontinuance of its use the preponderance of its symptoms arise.

The effects of tobacco or its alkaloid nicotia in toxic quantities, when taken into the stomach, injected into the rectum, or applied to a denuded surface are :—

Ante-mortem.—Faintness, vertigo and trembling, with extreme nausea, torpor, stertorous breathing, weak irregular pulse, relaxation of the muscles, and vomiting; followed by severe spasms or paralysis, advancing coldness of the extremities, collapse with cold sweat, and death.

Post-mortem.—Excessive cadaveric rigidity, a general contration and congestion of all hollow organs; the heart, stomach, intestines, kidneys and bladder; a congestion of the cerebellum, liver, portal and mesenteric veins, and mucous membranes either as a whole or only in patches. The blood is found everywhere very dark and liquid.

On Animals.—Johnston states* that the Hottentots are said to kill snakes by placing a drop of the empyreumatic oil of tobacco upon their tongues. Death follows instantly as by an electric shock, or a dose of hydrocyanic acid. The action of nicotia upon small species seems to be in general almost as instantaneous as above; especially upon the *carnivora*, where its action seems more intense.

Tobacco, then, from the foregoing facts, acts as a severe irritant to the ganglionic centers, producing thence an action at first paralytic, then spasmodic, affecting the sympathetic, motor and vaso-motor systems.

DISCUSSION.

Dr. Millspaugh: A knowledge of the chemical constituents and properties of our drugs is of daily practical importance to each of us. For example, if we know that a certain active principle is soluble in alcohol, we can rely upon its presence in the tincture. Tobacco seems to act as its own antidote when exhibited continuously for a prolonged time, because its effects become marked upon ceasing its use.

Dr. C. F. Sterling: We find a marked effect upon the optic nerve. For weeks or months before any structural change is manifest there is a loss of functional activity, sight becomes impaired in varying degrees. In one case, vision was reduced to $\frac{1}{10}$, but upon discontinuing the tobacco and prescribing the indicated remedy—notably Nux tinct.,—the vision was recovered in three or four weeks, or may be two months. This is a frequent result. A shoemaker who smoked a quarter of a pound a day, and had become incapacitated for his work, recovered his sight nearly perfectly. If the use of tobacco be long persisted in the optic nerve will atrophy, and then nothing can be done for the patient. Practically, if the patient will stop tobacco before structural change takes place, I think he can be much benefited.

Dr. T. L. Brown: I have noticed a peculiar symptom from tobacco; just on falling off to sleep a shock like a blow in the chest arresting the breathing, relieved by sitting up, and cured by discontinuing the use of tobacco.

---

*Chem. of Com. Life, Vol. II., p. 28.

Dr. Henry C. Houghton: I have relieved this symptom in a medical student with Tabacum.

Dr. S. Talmage: A patient of mine had become completely paralyzed in both legs from chewing and smoking. I gave Nux and ordered turkish baths, stopped the chewing abruptly and the smoking gradually. He began to improve at once, and in a year was recovered so that he could walk without difficulty.

Dr. Moffat: Is the use of alcohol necessary to bring on tobacco amaurosis?

Dr. Sterling: I have seen many cases of tobacco amaurosis where there had been no drinking at all. I am satisfied that it can result from the use of tobacco alone.

Dr. A. B. Norton: Authorities disagree as to whether amaurosis is the result of tobacco alone or of alcohol with it, because in nearly all the cases the two habits are associated. In support of the assertion that tobacco is the cause, I would relate the following case: A hotel porter had used tobacco in moderation for eight or ten years but excessively for three or four months—principally by chewing. The ophthalmoscope revealed bluish white atrophy most marked in the outer portion of the optic disc. On careful questioning he denied positively the use of alcohol in any degree, and upon stopping his tobacco the vision improved from $\frac{20}{70}$ to about $\frac{20}{40}$.

Dr. John L. Moffat: Opinions may differ as to the evils of smoking and chewing, but there can be no doubt that tobacco is pernicious in its effect upon the susceptible and rapidly changing tissues of childhood. If indulged in before the years of maturity the danger is correspondingly increased of stunting the physical and nervous systems, as well as the moral nature. The alarming increase of smoking by young boys is a danger to which we must not close our eyes, or the succeeding generations of our nation will be materially degenerated. We, as the family physicians, are to be largely accountable for this, as it is our duty to instruct parents and children of the danger. But example is stronger than precept, and the child will hardly be persuaded of the evil results to follow while he sees his father, minister, and perhaps the doctor himself smoking without apparent harm.

Dr. Houghton: We have a boy four years old brought to our clinic to overcome the habit of smoking which he contracted at the age of two and a half by copying his father who had begun it to relieve some difficulty by blowing smoke into the ear.

Dr. F. Park Lewis: Is the child mentally and physically dwarfed?

Dr. Houghton: The mother says that he thinks of nothing but tobacco.

Dr. Sterling: The child is very shy, and avoids one's eye. I have seen in the halls of a prominent hotel in New York, a little girl four years old habitually smoking cigarettes; she is the daughter of an English naval officer.

Dr. C. F. Millspaugh: I began the use of tobacco when eight years old, and smoked five cigars the first day; I have never been the worse

for it in any way that I can discover. The cobbler's eyes were injured doubtless by the hot smoke rising directly to them from his short pipe.

Dr. W. C. Latimer: Three years ago a case of cystitis, the result of severe exposure, came under my observation. During treatment I had the patient discontinue the use of tobacco to which he had been addicted. After recovery he made three several attempts to resume its use. Each time he had a severe hæmorrhage from the bladder, and was obliged to desist. The last attempt was made four months after recovery from the cystitis.

Dr. Moffat: No two people are ever affected exactly alike by any drug; those of a nervous temperament will be injured by tobacco, while the phlegmatic constitution is apparently unaffected.

Dr. E. Hasbrouck: Is tobacco known to be a remedy for hæmaturia? I recollect seeing a case of hæmaturia cured by Quinine after failure of ordinary remedies. This drug was given because Quinine had produced hæmaturia in an individual who came under the observation of the prescriber.

Discussion was closed, and by special request the President called for the

BUREAU OF MENTAL AND NERVOUS DISEASES.

SELDEN H. TALCOTT, M.D., Chairman.

1. "A Case of Puerperal Melancholia," C. P. Hart, M.D., Wyoming, Ohio.
2. "Loss of Memory—Anacardium Orientale," J. Martine Kershaw, M.D., St. Louis, Mo.
3. "Enforced Rest in the Treatment of the Insane," Selden H. Talcott, M.D., Middletown.
4. *"Salient Features of Five Labor Cases Among the Insane," A. P. Williamson, M.D., Middletown.
5. "A Case of Meningeal Abscess," C. Spencer Kinney, M.D., Middletown.
6. "Two Cases of Chronic Mania Cured," T. S. Armstrong, M.D., Binghamton.
7. "Mania Treated with Jamaica Dogwood and Kali Bromidum," S. J. Fulton, M.D., Norwich.

A Case of Puerperal Melancholia.

By C. P. HART, M.D., Wyoming, Ohio.

I have recently had an interesting case of puerperal melancholy, which after several months' ineffective treatment, in old school hands, finally yielded to suitable hygienic measures and the systematic administration of *Gelsemium*.

The patient was a Miss C., a well developed blonde of 28 years. She was betrayed, under promise of marriage, by a traveling salesman, who

* Read by title.

induced her, three months after conception, to produce an abortion by taking a certain well known quack medicine. A dangerous hæmorrhage followed the expulsion of the fœtus, which was suddenly checked by the administration of another quack remedy, the chief ingredient of which was Ergot. A settled melancholy then set in, accompanied every evening by hysterical convulsions. An old school doctor was now called in, who treated her continuously for a period of some eight months, but without any apparent benefit. On the contrary the patient became more and more anæmic and melancholy, with convulsive attacks corresponding to each menstrual period.

Such was the state of affairs when the case fell into my hands, about three months ago. A careful enquiry elicited the information that an uncle was in the lunatic asylum, and a brother had suffered a year or more from religious melancholy.

The physical symptoms at this time were as follows: An irregular, capricious appetite; coated tongue; constipation; cold extremities; marked anæmia, and amenorrhœa. Great depression, with more or less stupor every morning; slight fever in the evening; and sleeplessness at night. Prescribed Cimicif. tinct., fifteen drops in half a tumbler of water, two teaspoonfuls three times a day. *Gelsemium* 1x dil., twenty drops in a glass of water, two teaspoonfuls every two hours from 6 till 12 P. M., excepting when asleep. Hot sponge baths twice a day, with sufficient friction to render the surface warm and glowing.

Diet, an abundance of beef, milk, and eggs.

This treatment required no variation. The menses were restored at the next period, the convulsions ceasing permanently.

The *Gels.* overcame the insomnia, and in connection with the baths, diet, and moral treatment, removed the anæmia, and with it the melancholy.

Loss of Memory—Anacardium Orientale.

By J. MARTINE KERSHAW, M.D., St. Louis, Mo.

I received a telegram summoning me to a country place some few miles down the country on the St. Louis, Iron Mountain and Southern Railway.

My patient proved to be a member of one of the fine old families of the State. He was quite wealthy, and had never engaged in any business, except the running of thoroughbred horses, which was done more for the recreation and excitement than for anything in the way of gain. He was a high liver, and had probably used up a great many barrels of good wine and whisky in his time. He could quote Shakespeare with wonderful accuracy; could tell a capital story; and was, in every way, a pleasant companion. He was fifty-five years of age.

On examination, I found that he had forgotten his wife's name, and indeed the names of his most intimate acquaintances. He would sit down to his dinner, and fifteen minutes afterward declare that he had

had nothing to eat that day. He was also continually, from morning till night, asking the same question over and over again.

Sometime before his mental trouble manifested itself, he instituted suit against a party owing him several thousands of dollars, but when the time for trial arrived, he was unable to remember anything about the suit. The trial was postponed for two months.

I prescribed Anacardium 2d; a dose four times a day. At the expiration of eight weeks he went upon the witness-stand and testified clearly as to all the facts in the case. His improvement from the time he began the remedy was wonderful. Although the matter is not yet settled, I understand from those in a position to know, that he will win the suit.

At the time of my first visit to the patient he was stupid; but when on the stand two months after receiving the first dose of Anacardium, no amount of cross-questioning on the part of counsel of the opposition could break down his testimony.

I consider the action of Anacardium in this case a positive illustration of the power of the remedy in cerebral disease, where loss of memory is a prominent symptom.

Enforced Rest in the Treatment of Mental and Nervous Diseases.

By SELDEN H. TALCOTT, M.D., Middletown.

A popular notion prevails that the insane, especially those who are unduly active on account of their insanity, should be made to labor, or at least, to engage steadily in some light occupation. This notion should be expelled from the minds of thoughtful laymen. It quite often occurs that the insane man, like a runaway horse, needs a check and a curb, and the interposition of a stronger will than his own, for the purpose of conserving his fast waning physical forces. Very many cases of insanity need enforced rest, in order to save their lives and to insure a restoration to mental health. Many an insane person is permitted to die from sheer exhaustion, because those having him in charge do not perceive his physical weakness until it is too late to render serviceable aid. We all recognize the necessity for enforced rest in cases of pneumonia or typhoid fever. Insanity, when stripped of the superstitious husks which environ it, is found to be just as much a physical disease as small-pox or scarlet fever. We have practiced enforced rest for some time past, and our experiences demonstrate its value to such an extent that we tend more and more toward this, the true hospital system of treating insanity. Our critical and exhausted cases of acute melancholias and acute manias are now put to bed and kept there, until the mind is calm and the body sufficiently strengthened to admit a renewal of the ordinary exercises of life. When first placed in bed, the patient may, for a short time, be unusually restless, but after a few days, a marvelous quiet steals over the senses, and the patient submits readily to the exigencies and demands of the occasion. If permitted to be at large, this patient's excitability would increase to an almost unparalleled extent, and would continue for an

indefinite period; but enforced rest brings the most prompt and satisfactory relief.

Enforced rest is best secured by the use of a waist, similar to a dress waist, and to it are fastened long sleeves and padded mitts in front, and bandage-like attachments in the rear. These bandages are fastened to the sides of the bed in such a manner that the patient may lie on his back, or on either side, but he cannot get out of bed. The body and limbs are held in place by what we call "a protection sheet." This covers the entire bed and is fastened to the sides and to the foot. The upper part is cut in a semi-circular shape, so that the head and neck of the patient are free. Aside from the waist and mitts and protection sheet, the bed gear consists of a woven-wire mattress, a felt mattress over that, and, in addition, the ordinary bedclothing. In this situation the patient can neither harm himself or others. The circulation is as free and easy as possible. Enforced rest being thus administered, the necessary adjuncts of restorative food and medicines are given as necessary. Patients kept thus in bed are best nourished by the use of liberal quantities of hot milk and beef-tea, with the occasional addition of a bit of dry toast.

The indications of improvement are as follows:—

1. The subsidence of mental and physical excitement.
2. An improvement in the appearance of the skin, which loses its dryness and roughness and becomes soft and natural.
3. A mellow lustre and clearness of the eye, in place of the former bloodshot, wild, and staring appearance.
4. A steady and substantial gain in bodily weight.

To exemplify the benefits of this system of treatment we append the histories and results of the following cases:—

F. L. N., admitted March 2d, 1882. Diagnosis: puerperal mania. The age of the patient was 26 years. This case was extremely restless, became easily excited when spoken to, and very violent if opposed. Her language was incoherent, and she gave expression to all manner of ever changing delusions and hallucinations. The pupils were dilated, face flushed, and head hot. The first prescription was *Belladonna*. Remedies were changed from time to time as the symptoms demanded. Her excitement and exhaustion continued to such an extent that she was placed in bed and regularly given an abundance of liquid food. In three months she was allowed to sit up and to return, gradually, to the use of solid food. While in bed her restlessness ceased, her strength gradually returned, her delusions faded away, and she was restored to a happy and normal condition. While in bed she gained as follows: On the first of January she weighed 115 pounds; on the first of February, 117 pounds; March first, 123 pounds; and April first 127 pounds.

M. E. B., was admitted June 4, 1883. The case was diagnosed as acute melancholia. The patient was a female, single, and 53 years of age. The pulse was 96; the pupils were dilated, and the patient suffered from great sleeplessness. She was extremely pale and anæmic; she had many delusions about spiritualism; she was intensely suicidal, and constantly in motion. She complained of no pain, except in the abdomen.

On account of the excessive restlessness and anæmia, and suicidal tendencies, she was given *Arsenicum*, and other necessary remedies followed. Not improving as we wished, she was placed in bed upon the 13th of July, and until the 19th of January 1884, was subjected to enforced rest. She slowly but steadily improved, her delusions and suicidal tendencies passed away, she regained her full mental and physical health, and was discharged recovered on April 10th, 1884.

S. P. S., widow, aged 42, was admitted August 26th, 1883. Diagnosis: "acute melancholia with excitement." The restlessness, depression and apprehension in this case were intense. She was violent, destructive and bent upon suicide. Under the protection sheet, and by the administration of hot milk, beef-tea, and suitable remedies, she gradually regained her mental poise and her physical health. This patient was in bed only about one month; then her delusions had vanished, and as she was rapidly gaining, she was permitted to rise and occupy a chair during the greater portion of the day. Recovery followed, and she went home in excellent condition on the 29th of April, 1884.

A. W. A. was admitted May 10th, 1884. The patient was a female, single, and 35 years of age. The diagnosis was, "acute melancholia." Her principal apprehension was that she must be hung, and wanted to go to the Brooklyn bridge for that purpose. Restlessness, suicidal tendencies, and tissue wasting were the prominent indications for the use of *Arsenicum*. Enforced rest continued from May 14th to July 27th. During the last month in bed she gained in weight 11½ pounds. With the physical gain her delusions vanished, and her mind grew strong and active, as we had expected.

O. A. W., male, aged 48, married, was admitted July 17th, 1880, and although a man of large frame, he weighed upon his admission but 110 pounds. This patient was severely depressed, and thought there was no hope for his own recovery. He cherished the delusion that he had sixteen quarts of milk punch in his bowels, and on that account did not want to eat any more. The patient was sleepless and restless, as well might be expected. Occasionally he was noisy. He went to the hospital, was placed in bed, and in addition to enforced rest was given the treatment known as "massage." He was kept in bed for about five months when he began to gain rapidly in flesh, and at the same time in strength and tone of mind. Then he was permitted to sit up and move about, and eleven months from the day of admission he was discharged recovered. When he left the asylum he had increased to 160 pounds in weight, and the exuberance of his spirits contrasted most happily with his former grinding and wearing depression.

J. S. F., aged 45, married, four children, was admitted November 23d, 1883. Four years previously he had a paralytic attack from which he partially recovered, but from that time he remained more irritable and self-willed than usual. In June, 1883, he began to fail physically, and his memory became exceedingly weak. When admitted he would not speak or eat; his body was poorly nourished, he was restless at night, and slept but little. Soon after admission he was placed in the hospital and fed for a time with a nasal tube, gradually he began to eat and sleep better, and

to talk more pleasantly. Having gained about forty pounds, and being quiet and self controlled, he was permitted once more to dress himself and to move about the ward as usual. When first placed in bed his chances for improvement seemed but little better than those of a cadaver. At the present time he is improving; but irritability, which often follows attacks of paralysis, continues to a moderate extent.

G. P., aged 52, married, two children, was admitted June 8th, 1884. Physically he was completely exhausted; was very restless, and subject to periods of excitement, when he thought himself unable to control his actions. Moral influences, and the bed, and liquid nourishment prevailed, and he soon began to eat and sleep well, and to appear brighter and better. When admitted he weighed 105 pounds. After four weeks in bed, and as many more upon the ward, he had gained over thirty pounds in weight, and the mental distress, apprehension, and despondency had passed away.

H. G., aged 33, married, no children, was admitted November 1, 1882. He was a liquor dealer, and because one of his customers had suddenly died he became apprehensive and despondent. He also felt worried, because, not wishing to have children, he had indulged in imperfect intercourse with his wife for years. This patient refused to eat and was fed with a tube for several months. Finally he began to eat, and to gain in flesh, and at last recuperated so that from 120 pounds he ran up to 180 pounds, and is, consequently, at home and enjoying life as usual.

O. D. H., aged 35, married, was admitted March 1st, 1884. During the previous January he had suffered from what was called an apoplectic seizure, after eating a hearty dinner. From that time he gradually failed, and when he first came under our care he was a helpless and demented skeleton. He talked incoherently and had hallucinations of sight and hearing, and his memory was so much impaired that he scarcely knew his own name. Enforced rest, and the usual liquid diet, together with the steady use of *Nux Vomica*, so changed the condition of affairs in this case that in two months he was up and dressed, bright, pleasant, cheerful and rapidly gaining in flesh. The mental and physical conditions improved to such an extent that he left the asylum in June, but occasionally pays us a visit so that we may direct his treatment whenever treatment is needed.

We might multiply these cases indefinitely. Those that we have recorded are among the most critical and apparently hopeless cases with which we have ever had to deal. The most of them upon admission were in such a condition as to bring despair to the hearts of their anxious friends. If permitted to gratify their insane desires for constant, persistent, and wearing exercise, they would soon have found rest under the sod. We have found more sure relief from the methods which we have described than from any other we have yet experimented with.

This brief paper is presented to the society in the hope that it may embody and emphasize a much needed warning against permitting the weak and debilitated insane to continue in the work of exhausting exercise, until valuable and readily saved lives are thrown away through the influence of false notions as to the treatment of the insane.

Salient Features of Five Labor Cases Among the Insane.

By A. P. WILLIAMSON, M D., Middletown, N. Y.

The science of obstetrics is occasionally brought into requisition among the insane. Nothing is said on this subject in the text books, and but a few scattered monographs are to be found in the literature of medicine. We herewith offer for the consideration of the society five cases of pregnancy and labor, as presented in the records of the State Homœopathic Asylum at Middletown. Taking these five cases as types, we can make certain practical deductions :—

First, That labor is of temporary benefit to the chronic insane, but that they deteriorate mentally more quickly than the same class of patients who do not become pregnant.

Secondly, That acute or sub-acute insanities speedily become chronic after labor.

Thirdly, That during pregnancy the insane are free from the annoying diseases which frequently accompany this condition in the mentally sound.

Fourthly, That the first stage of labor does not last so long and is less painful than in the mentally sane.

Fifthly, That the second stage of labor is shorter, and is not so frequently accompanied by complications as in those of sound mind.

Sixthly, That convalescence after confinement is as short and as complete as in those whose minds are intact.

Seventhly, That they usually have a short period when they become comparatively rational within a week after labor.

CASE NO. 1.

M. A., admitted January 10th, 1878, married, born in Ireland, aged 21. Diagnosis: secondary dementia.

Examination showed patient completely demented. She was unable to give her age, nor tell where she was born, or the name of the city in which she resided. Did not recognize her last name when addressed. Filthy in the extreme, and did not seem to have any idea of modesdy. Masturbated constantly.

Her husband stated that Mrs. A. had been insane two years and a half. Also, that when she had been insane two years, the superintendent of the asylum in which she then resided told him if he could get his wife in the family way her chances for recovery would be better. He removed her home and carried out this fiendish suggestion.

Upon entrance at the State Homœopathic Asylum she was found to be about six months pregnant.

Labor commenced March 13th, 1878. The first stage passed without pain or inconvenience. When the patient complained, at 12:15 A. M., an examination showed the os well dilated and the head engaged in the superior strait. The pains were strong and regular. The presentation was the first of the vertex. No complications arose during the labor. The patient was very troublesome, and bit or struck her medical attendant during every pain. The labor was completed at 3:15 A. M. The child

was a male and weighed 8¾ pounds. Its head was microcephalic. It had no forehead, the head sloped straight back from the orbital arches to the occipital protuberance. It was hemiplegic, and the paralyzed (left) side was wasted to nothing but skin and bone. The muscles of the mouth and pharynx were also paralyzed, the child was unable to suckle at the breast, nor swallow milk when it was placed in its mouth. This half formed specimen of insane diathesis died of inanition forty-eight hours after birth. The patient would not notice or have her child near her when it was alive, and did not seem to miss it when it died.

On the third day after labor the patient was more rational than any day since she entered the asylum. She took notice of her surroundings and answered politely all questions addressed to her. When her nurse informed her that her child had died she answered, "I don't care, I have a pet cat at home." Her mind seemed to grow somewhat stronger during the following three months; she then could dress herself, play on the piano, eat her meals nicely, and talk comparatively rationally. This improved condition lasted only a short time after this. She gradually lapsed into a state of dementia more complete than before labor.

At present writing she does not know her name, is unable to dress herself or care for the calls of nature. At times she even does not know enough to carry food from the plate before her to her mouth, and has to be fed with a nasal tube.

CASE NO. 2.

M. W., admitted January 1st., 1879, married, born in U. S., aged 34. Diagnosis: chronic mania. Had been insane about two years when received. The alleged cause of the insanity was said to have been religious excitement. Had always been quiet and was deemed harmless. No restaint had been put upon her by her relatives and she had been allowed to wander where she pleased. She finally entertained a delusion that as she was a Christian all Christians, who wished to, should be allowed sexual intercourse with her. The consequence of this belief was that she became pregnant and acquired gonorrhœa from some of the *professing* Christians in that neighborhood. Upon admission she was quiet. She assured everyone that she had carried out a direct command from the Lord, and consequently there could be no disgrace attached to her condition.

The labor commenced at 5:30 A. M., May 3d, 1879. The first stage lasted one hour. The second stage was of little longer duration than the first. The child was a female, weighed eight pounds, and was apparently healthy. No complications arose during either the labor or the lying-in period. The labor did not seem to influence her mind at all. She has continued to entertain the same delusion about free love, and sometimes thinks her food is poisoned.

CASE NO. 3.

G. L., admitted October 20th, 1883, married, born in U. S., aged 28. Diagnosis: acute mania. The patient is said to have had a similar attack to this three years before. The duration of this one is three months, according to the history which accompanied the patient. When admitted

was noisy, profane and vulgar, using the most abusive language toward all whom she met. Frequently broke into causeless and extremely noisy laughter. Her replies to questions were irrelevant and incoherent. Her memory was entirely gone.

She claimed to have menstruated last in August. Labor commenced on May 1st, at 10:30 P. M. She was very irritable and cross during the first stage, which lasted about two hours, screaming and calling her attendants vile names. The position of the child was diagnosed as first of the vertex. The second stage was also of about two hours duration. During this stage all the mental symptoms were greatly aggravated. She taxed the English language for vulgar names sufficiently disgusting to call her medical attendant. At 1:40 A M., May 2d, an apparently healthy female child was born, which weighed eight and a half pounds. Two complications arose during the second stage, which were readily rectified: first, the anterior lip of the os became wedged between the head and the pubes, and secondly, the cord was twisted about the child's neck. During the first five days of the lying-in period the patient was extremely cross and obstinate. She refused to take nourishment, objected to being properly cared for, and tried to bring on hemorrhage by beating her abdomen with her closed fists. From the fifth to the seventh days she was much quieter, and for a few hours on the latter day appeared quite rational, and gave some points in her history which previously we had been unable to obtain. The day following she lapsed into her former maniacal state, and was even worse than she had been at any time before. The patient sat up on the ninth day. Her motherly instinct was always marked, and she had always been very solicitous of her child's welfare. The child is healthy and apparently of fair mind. The mother's present mental condition is worse than when she was admitted. She is full of delusions regarding the identity of those about her; is always cross and irritable; very abusive, using, unprovoked, the most vulgar and obscene language toward every one with whom she comes in contact.

CASE NO. 4.

O. E., admitted October 26th, 1883, married, born in U. S., August 28th. Diagnosis; melancholia. Had been insane fourteen months. The patient upon admission was greatly depressed. Entertained a great number of delusions, all of them in regard to religious subjects—that her soul was lost, that she was shut out of Heaven, that she was too wicked to attend church, etc., etc. She was extremely obstinate, refusing to comply with any request, but if her refusal was unnoticed she finally complied. Examination disclosed the fact that she was three months pregnant. The patient never would admit she had any pain or inconvenience. Knowing that she would not complain, extra careful watch was put upon her as the time for labor approached. The night nurse watched her closely and a quiet patient slept with her. At 3:50 A. M., May 1st, the patient in the room and the night nurse were startled by Mrs. O. screaming loudly. The latter had seen her only a little while before when Mrs. O. seemed to be sleeping quietly. Upon making an examination the night nurse found that the baby and the placenta were both born. The assistant physician,

in charge of the ward arrived immediately and found the patient flooding badly, but on account of the violence and obstinacy of the patient was unable to make a vaginal examination. The hemorrhage fortunately readily yielded to the prescribed remedy and to the proper position attained by elevating the foot of the bed. The child was a female and weighed seven and a half pounds. From the extreme narrowness of the forehead and the flatness of the skull one would judge the child to be an idiot. Owing to the perverseness and violence of the patient she was not permitted to leave the bed until the twentieth day after confinement. The patient disliked her child very much, always referred to it as a "damned brat" and made many attempts to kill it. The child was weaned on the seventh day because of its mother's threats.

The patient rapidly deteriorated mentally after the birth of the child. She is now a case of dementia. Filthy, cross, surley, refusing to answer any questions. Striking, biting, or kicking, or trying to do so to any one who comes near her.

CASE NO. 5.

M. J. D., admitted October 16th, 1883, married, born in U. S., aged 29. Diagnosis: sub-acute mania. This attack is the second she has had, and commenced in July last. When admitted patient was very restless. Talking incoherently about witches, babies, fire, etc., etc. Made mischievous replies to questions. Her pupils were widely dilated. Her digestive organs were in a good state of health. Her menses were said to have been usually regular, but neither the patient nor her husband were positive as to this.

The patient did not change materially, either mentally or physically, for some months after admission. She did not menstruate until December 18th, then she continued to do so until the 21st. The discharge was as usual. She again menstruated three days in January. She failed to menstruate during February, March, April and May.

She never complained of any pain or distress. May 25th, 1884, she was delivered of an apparently healthy male child, weighing about seven pounds. For some time previous to labor she had been unusually noisy and destructive, but showed no evidence of pain. On the afore-mentioned date the ward doctor had seen her at about 10 A. M., when nothing unusual was noted. At 11:40 A. M., a noise was heard in the patient's room, and the nurse, on entering, found that the baby was just born. The mother made a good convalescence. On the fifth day the patient appeared more rational than any day since she was admitted. This period of comparative sensibility lasted but a few hours. The mother sat up on the eighth day. After the fifth day the patient became more noisy and destructive than before labor. Now she exceeds in destructiveness any patient ever treated in this asylum. We append the following table giving a synopsis of the cases whose histories we have just recorded:—

	CASE NO. 1.	CASE NO. 2.	CASE NO. 3.	CASE NO. 4.	CASE NO. 5.
Diseases of pregnancy.....	None.	None.	Slight morning Sickness.	None.	None.
Suppression of menses.....	Complete.	Complete.	Complete.	Complete.	Incomplete.
Length of first stage of labor...	Not appreciated by the patient.	Three hours.	Two hours.	Same as No. 1.	Same as No. 1.
Length of second stage of labor.....	About three hours.	About two hours.	Two hours.	Probably but a few minutes.	Same as No. 4.
Rational days.....	Third.	None.	Seventh.	None.	Fifth.
Sat up.....	Ninth.	Ninth.	Ninth.	Twentieth.	Eighth.
Effect on mother's mind.....	Aggravated mental disease.	Same as No. 1.	Same as No. 1.	Same as No. 1.	Same as No. 1.
Sex of child.....	Male	Female.	Female.	Female.	Male.
Weight of child.....	8 lbs. 12 ozs.	8 lbs. 8 ozs.	8 lbs.	7 lbs. 8 ozs.	7 lbs. 5 ozs.
Apparent mental capacity of child.	Idiot.	Deficient.	Fair.	Idiot.	Deficient.

A Case of Meningeal Abscess.

By C. SPENCER KINNEY, M.D., Middletown, N. Y.

The case to which I now invite your attention is not common in our experience, but very interesting.

On October 21, 1882, G. W. T., male; aged 48; married; three children; occupation, a laborer on the R. R.; with a history of insanity on the paternal side, but remote, was received into the asylum, suffering from what we believed to be dementia paralytica. His wife stated that about three years before admission he was at times irritable and violent without sufficient cause, leading his neighbors to believe he was drinking heavily when such was not the case. This gradually increased upon him. He was conscious of the fact he was not well, and began taking much of a well-advertised. popular remedy, but this only had a tendency to make him more irritable, until it was necessary to restrain him. During this period he suffered from persistent insomnia, and, becoming depressed, he twice made desperate attempts to commit suicide—once by jumping from a rapidly moving train, and again by attempting to shoot himself. This was prevented by those watching him, yet before he could be quieted his clothes were torn off and he was badly bruised. At the time of his outbreaks he could not be reached by any appeal to his reason, and only exhaustion from his exertions terminated the paroxysm. While these periods were infrequent he found work, but as they began to increase in severity, he was unable to perform any regular labor for about three months before he came to the asylum. Added to his desire to kill himself were several attempts to shoot his wife, and one night she awoke to find him standing over her with an uplifted club he had secreted in their bedroom. Owing to her presence of mind she was not injured, but the strain of taking care of him was too much for her to endure, and she determined to send him to some institution. Before she could make proper arrangements to send him away he had, she states, some kind of a fit, probably apoplectiform, from which he recovered. He was first taken to the county house, where he remained a week, and where he had another fit, the character of which is unknown. On coming to us he was incapable of giving any information of himself, as he was aphasic to such an extent that no intelligible sentence escaped him. He was in a weak physical condition—weight 137, pulse 96, pupil dilated. Apprehensive in expression of face, and facial muscles tremulous, as was his tongue. Functions free, ate well, but slept poorly. We could not obtain, nor did he evince, any indication of suffering pain. From this condition he did not change essentially and was permitted on the hall up to November 1, 1883, when he was removed to the hospital, as he did not appear to be so strong and was not sleeping well. There he was kept in bed, where he ate well and slept from two to five hours nightly. Was not able to express himself in speech, and occasionally had hallucinations of sight that seemed to terrify him, and so it was difficult to keep him in bed. During these times he could not endure being touched, but with an impatient gesture would push away the hand that attempted to take his pulse. Frequently he would raise his left hand as if to brush his hair from his

left temple. This was the principal, if not the only, evidence he gave of having pain or discomfort in his head. Whatever symptoms he had were objective, and but few of these at all significant.

Up to April 27, 1884, no marked change had taken place in the patient's condition, aside from some improvement in his sleep, and a loss in weight. About 4 P. M, on the 27th of April the attendant noticed that the patient's breathing was, for about a minute, hurried and blowing. This soon ceased, and the patient went to sleep. At 6 P. M. he was semi-conscious; P. 132; T. 104; face flushed; eyes bright; pupils dilated; skin hot.

April 28th.—P. 108; T. 102; slept five hours; appeared conscious of what was going on about him; lips and tongue dry; taking nourishment.

April 30th.—T. 101; quiet; functions free; taking nourishment; slept well.

May 1st.—T. 99; slept five hours. During the morning had several paroxysms, in which the left side of the body trembled for a few minutes at a time and then became quiet. He had a number of these attacks, many very light and all transient up to the morning of the 8th, when he began to fail, and died easily at 8:20 P. M.

The post-mortem on G. M. T. was held May 9, 1884, at 10:30 A. M. Body poorly nourished. *Rigor mortis* well marked. Length of body five feet four inches. On opening the skull it was found to be one fourth inch thick, no adhesions. From that portion of brain lying under right parietal eminence and extending forward under the frontal bone to the left as far as the longitudinal fissure, and to the right as far as the temporal bone, the dura was thickened, opaque, and injected in appearance; the remainder appeared natural. On cutting the dura, about four ounces of brown, watery pus escaped. After removing the brain from the skull it was found that a meningeal abscess had imbedded itself in the brain substance so that the brain was pushed one and a half inches from upper border of temporal bone, and the following region had become indented: anteriorly from the superior frontal sulcus extending back to fissure of Rolando, and in curved line down four inches in depth from longitudinal fissure. The brain substance beneath was firm and smooth. A pyogenic membrane had formed, and there was no evidence of any rupture of sac until cut. Weight of brain, forty-four and one-fourth ounces. The heart weighed nine ounces, its substance was very friable. Mitral valves were thickened, and presented a scolloped appearance. Right lung adherent to walls of chest superiorly; tissue normal; weighed sixteen and one-half ounces; spleen, normal, weight two and one-half ounces. Kidney, left, some fat in upper portion of pelvis; weight four and one-half ounces. Kidney, right, contained deposit of fat in upper portion of pelvis, more than in the left; weight three and one-half ounces.

DISCUSSION.

Dr. S. H. Talcott: Cases of loss of memory from overwork and worry are becoming quite common, and we are often able to relieve them with Anacardium; we give it in the first, third and sixth potencies.

Dr. C. S. Kinney: My patient had met with a number of railway

accidents, but no evidence was found from the examination of the skull or from his previous history, as given by his wife, that his head had ever been injured.

Adjourned.

AFTERNOON SESSION.

The society was called to order by President Coburn at 2:20 P. M., and the Bureau of Mental and Nervous Diseases was resumed.

Two Cases of Chronic Mania Cured.

By T. S. ARMSTRONG, M.D., Binghamton.

The following is a report of two cases of chronic mania:—

Margaret Dunn, transferred from the State Lunatic Asylum at Utica, November 26th, 1881, by T. C. Rafferty, Superintendent of the Poor of Albany County; age 41 years; married; born in the State of New York; occupation, housekeeper; religion, Roman Catholic. Duration of insanity, to us unknown; violent, excitable and destructive. Makes sudden attacks occasionally on those about her. Has been addicted to the use of intoxicating liquors.

The foregoing is the history sent to us at the time the patient was transferred to the Binghamton Asylum for the Chronic Insane. We learned from the attendant who came with the patient, that she had been given large doses of Hyoscyamine quite frequently and had been kept in a close crib during the night for several months prior to leaving Utica.

The following is a history of the case as taken from the "*Case Book*" of the Binghamton Asylum for the Chronic Insane:—

December 7th, 1884.—This patient has been very troublesome since coming here; much of the time we have been compelled to keep her in a camisole; she has broken considerable glass and split the panels of two or three doors. At times it is impossible for the female attendants to control her, but she generally complies readily with the requests of the gentlemen. Before coming here she had been kept under the influence of Hyoscyamine. We have as yet employed no medication in this case.

December 14th.—We are compelled to keep Maggie in a camisole most of the time; and much of the time she has to be strapped to a seat, she has kicked and pounded so with her feet that one of them has been badly inflamed and swollen, attended with subsequent suppuration.

February 1st, 1882.—This patient proves to be a *very*, *very*, troublesome one. She keeps digging at the plastered walls in her room compelling us to ceil it with wood. She has to be fastened to the seat most of the time. So soon as we get into Ward 3 we shall remove all restraint and give her a trial.

March 28th, 1882.—Maggie does not improve. At times she is simply terrible. A few days since we removed all restraint and put her into the day room of third ward and she immediately commenced to disrobe. So soon as she was interfered with she fought like a tiger.

She struck Dr. Armstrong in the face with fist and kicked and scratched attendants. On the whole we think she is more quiet nights, but she has periods of frenzy that are frightful.

April 24th.—We moved Maggie to third ward, April 15th, and since then we can see a great change in her, she is no longer strapped to the seat, and much of the time she has free use of her hands. For the first time we now allow her to go to the table for meals. This morning she assisted in mopping the dining room. We are in hopes to be able very soon to discontinue the use of all mechanical restraint in this case.

July 26th.—Maggie on the whole has improved very much since she came here. She is improving in flesh, and we rarely have occasion to use restraint. At times she becomes excited and rages furiously, but those periods are much less frequent and they do not last so long as formerly. She has great dread of the muff and at the sight of it she will become quiet.

August 10th.—To-day patient was taken suddenly with great prostration and coldness of extremities, she appeared to be suffering from severe pain and was unable to speak, symptoms all pointed to some heart difficulty. Prescribed hot whisky sling and one-eighth grain of morphine. In a short time she rallied and seemed much relieved.

August 11th.—Patient is all right this morning. The attendants say she is as ugly as she can be, with me, however, she is very pleasant. We think there is a gradual improvement in this case, but still she is very much excited at times.

August 23d.—This patient to-day has been mopping the hall. Lately she has done considerable sewing and this has tended to keep her quiet; she is fleshy and looks well.

September 6th.—For the last two nights we have put patient into one of our single rooms giving her a bedstead for the first time, as she promised not to tear the bedding if we would do so; she kept her part of the contract. She made up her bed in the morning and took excellent care of her room. The improvement in this case is very marked.

September 24th.—Maggie has been at one of our entertainments. She danced and conducted herself admirably; yesterday she attended church, was very quiet and seemed to understand and realize the purpose for which she was there.

November 16th.—This patient continues to improve very much; she attends chapel service regularly and conducts herself in a decorous manner, she takes part in the entertainments and seems to enjoy them very much. She does considerable work on the ward and makes herself quite useful. She rooms with another patient (Louisa Oratta, who by the way has been very much disturbed, but at this time is decidedly improved) and the room is as well kept and cared for as need be.

August 2d, 1883.—There has been a wonderful improvement in this patient the past few months, she has required no restraint or discipline for a long time, she has proved an excellent worker and a very capable woman. She is very anxious to recover and she is willing to make an effort in that direction. She has been to the city several times and has made purchases with money contributed by the attendants and other help about the building. To-day we brought her down to the main kitchen to assist.

August 5th.—Maggie is delighted with the change. She proves to be valuable help and they think very much of her. They are all kind to her and feel a deep interest in her recovery. She sleeps on first ward. We have strong hopes of the patient's recovery.

August 13th.—This patient is doing nicely. Last week she went with an attendant to Ross Park spending the day there. To-day she went to the city to see the parade of Forepaugh's Circus. She is certainly a new creature.

January 11th, 1884.—For some months Maggie has been to all appearances perfectly well. She has done her work in as acceptable a manner as any one could do it, and she has been very quiet and ladylike. We consider her condition such, that at the meeting of our Board of Trustees on the 9th inst., they discharged her as recovered. The Superintendent of Albany County Poor sent for her and to-night she returned to Albany in care of Dr. Heath.

The above case has been a very interesting one to us from the fact, that when the patient was put in our charge she weighed 110 pounds, over two years later at the time of her discharge she weighed 175 pounds, and only one dose of medicine was given her during the twenty-six months she remained in this Institution.

Before coming to this Asylum she had been given strong remedies in large doses for over two years without any permanent improvement. The patient has recovered and has been discharged. I have given the facts without speculation. Query, To what shall we attribute the recovery?

CASE 2.

Wm. W. Burchard:—Brought from his home in Livingston County, N. Y., June 12th. 1884, by order of Superintendent of the Poor, on certificate of two physicians; aged 36 years; married; born, United States; occupation, teacher; religion, Methodist; no heredity. This patient has been addicted to the use of intoxicating liquors in excess for several years, and for the past six months to extravagant use of narcotics. Dr. Hill of Dalton, who came with the patient, states that some twelve years ago he began to take alcoholic drink in large quantities, and that about three years since he substituted Sulp. Morphia in its place, he then endeavored to use Hyd. Chloral and discontinue the use of the Sulp. Morphia. Not succeeding he became a slave to both Morphia and Chloral. The amount taken was enormous, 40 grains of Morphine in twenty-four hours and 90 grains of Chloral during the same twenty-four hours. He was at one time a teacher, preacher, railroad man, telegrapher and druggist and had taken two courses in the Buffalo Medical College.

On admission he was unable to answer one single question correctly; muttered incoherently; pupils contracted; pulse small, feeble and rapid; quivering of the whole muscular system, and skin had a dark leaden color. We sent him into a single room on third ward, keeping an attendant with him constantly. He resisted food. Did not give medicine for the first eighteen hours. Had a restless night, climbing over and crawling under the bed, destroyed the bed tick and continued in motion constantly. Bowels moved during the night involuntarily.

June 13th, 1884.—Pupils dilated; pulse 128; skin moist; countenance

cadaverous; talks incoherently to self; does not know Dr. Hill. He was kept in bed and friction used over every part, very briskly. Prescribed Bell. tinct., 5 drops in one-half glass of water, and gave two teaspoonfuls every hour; nourished him with iced milk and beef tea.

June 14th.—Passed a quiet, sleepless night, took food and medicine regularly, Bell. continued. Remains quietly in bed, pulse 88, temperature 99½, pupils dilated, skin moist, countenance clear, answers interrogations correctly, but in a slow undecided tone, says he feels better, kidneys are secreting freely. Had short sleep this A. M. Three o'clock P. M., pulse 88, temp. 99½, more incoherent and more stupid, asked for fresh fish, complained of hunger. 8 P. M. quiet, pulse full and regular.

June 15th.—Passed a quiet night; slept during the morning; good appetite; took toast, steak, egg and tea for breakfast. Pulse 72; temp. 99; tongue moist; says he feels better; answers questions readily; has taken milk freely through the day; less trembling of the parts. Bell. continued.

June 16th.—Mr. Burchard passed a restless night; slept considerably, but less than the night before; pulse 88; temp. 98½; tongue red and quite excitable; takes food at regular intervals; converses readily; bowels moving off three or four times per day; removed to second ward. Bell. continued, 3d.

June 17th.—Slept some two hours during the night; restless before midnight; bowels moved several times toward morning; pulse 90 and irritable; temp. 98½; tongue red and moist; mind clear. Gave Arsenicum 3d; diet scalded milk and wheat flour.

June 18th, 8 A. M.—Sleeping; had restless night; no sleep until seven o'clock A. M.; severe frontal headache; pain in small of back and calves of legs; muscular twitching; bowels improved; pulse irregular. Gave Chamomilla 3d.

June 19th.—Slept two hours yesterday morning, the same length of time this morning, no sleep during the night; tongue clean; bowels regular; complains of pain in every part of the body; he says he can trace every nerve by the pain. He attended a concert last night; he was out of doors this A. M. to witness a game of croquet; less trembling of body. Continued Chamomilla 3d.

June 20th.—No sleep; feels better; good appetite; took a walk. Gave Bell. 3d.

June 21st.—Slept from 7:30 P. M. yesterday until five o'clock this morning; he cannot remember when he has rested so well as last night; was out walking twice yesterday and sat up all through the day and became very weary; appetite good; bowels regular; feels perfectly easy in every part. Continued Bell. at longer intervals.

June 22d.—Sleepless night; irritable; passing large quantities of urine; soreness of lumbar region with sensation of weight and driving down. Gave Chamomilla.

June 23d.—Patient slept some two hours yesterday morning, no sleep during the night; appetite good; he is much stronger.

June 24th.—Had a sleepless night, no pain, no desire for narcotics, he could not close his eyes; considerable muscular twiching. Gave him Hyoscyamus 1st. He weighs 134½ pounds.

June 25th.—He is very quiet, slept eight or nine hours.

June 26th.—He slept two hours towards morning; feels better in every respect.

June 27th.—He slept about five hours. He is improving rapidly. Gave Bell.^{3d}.

June 28th.—Had about ten hours sleep; seems very cheerful; not the least desire for narcotics; appetite good; kidneys not secreting the normal quantity of urine; some pain and soreness in the lumbar region.

June 30th.—He slept four hours the 28th, and five hours last night; the sleep was good and without dreams. He is improving every day. Continuing the Bell. at long intervals.

July 6th.—For the past few days there has been nothing of importance to note; he has slept from six to eight hours in twenty-four, is cheerful and happy; he is putting on flesh and gaining strength every day. Yesterday his wife came and remained until four o'clock P. M. this afternoon. Mrs. Burchard expressed her gratification with the result of her husband's case.

July 7th.—This morning Mr. Burchard had an impression taken for an upper, plate and also had three teeth extracted at the Albany Dental Association. Gas was given him and it produced very much the same condition he was in when he was admitted to this Institution, it however passed off very readily. He ordered a suit of clothes, remained down town and came up with Mrs. Burchard; he had headache in afternoon.

July 11th.—At a meeting of the Board of Trustees to day Mr. Burchard was discharged as recovered. He has gained in flesh rapidly, weighing 150 pounds, showing an increase in weight of 15½ pounds in eighteen days. He feels perfectly well in every respect, sleeps from six to eight hours per night, and feels happy in his recovery. He also thinks he has sufficient moral courage and strength of character to resist further temptations.

DISCUSSION.

Dr. C. F. Millspaugh: I notice that Gels. tinct. and Cimic. tinct. were alternated through the case of sleeplessness, and after the close, the remark was made that this is a fine instance of the action of Gels. Is such a fair conclusion?

Dr. Talcott: Cimcifuga was given during the day, and Gelsemium at night, which relieved the sleeplessness. I judge from the paper that Gels. helped so effectually that he probably did not return to Cimic. We have had very good results from Gels. ^{1}, ^{2}, or ^{3} for sleeplessness that is followed the next morning by drowsiness, or for sleeplessness at night with drowsiness in the day-time. The man with meningeal abscess seemed to labor under great fear, and manifested a tendency to resist every effort to care for him; he appeared constantly like a stag at bay. There was some prominence of the eyeballs. The abscess was on the right side and seemed encysted.

Dr. Lewis: Was an opthalmoscopic examination made before death, or were the eyes examined microscopically *post-mortem* to ascertain if the optic nerves were invaded by extension of the meningeal inflammation? We would have scarcely expected that the visual centres would be involved,

as the investigations of Zenner and others have determined with considerable certainty that these are in the occipital region. Such an examination, notwithstanding, would have been of interest.

Dr. Kinney: There was no microscopical examination made of the optic nerve after death, and during life the patient had so great a dread of being touched that an ophthalmoscopic examination could not be made.

President Coburn tendered the courtesies of the floor to all present.

Dr. George Allen asked what remedies are to be used in cases that have been accustomed to take Chloral for sleeplessness. What remedies are antidotal to, or may be substituted for Chloral?

Dr. Talcott: We do not try ordinarily to antidote the effects of Chloral, because they pass off quickly when the drug is discontinued. For chronic Chloral poisoning we give the indicated remedy. Such cases are usually thin, weak and anæmic, with a poor appetite. If the patient has been heavily drugged we usually begin treatment at the asylum with Nux., but frequently induce sleep with Aconite^{3x}.

Dr. E. B. Nash: I have had considerable experience with the insane in my private practice. Several years ago I was called on to treat a case of puerperal insanity of several months' standing. She looked upon every one with contempt. Her physical symptoms—dragging pain in the back, hips and legs—were most troublesome when her mental condition was at its best.* Platina cured her in two weeks. Another case was cured with Physostigma upon the indication, "awaking at night in fear from horrible visions." She had been insane for two years, but has had no relapse in ten years. I have always sought to impress my patients with the idea that I know more about the subject in their mind than they; and having once established my supremacy I could cure them much more readily. There is a great deal in getting the confidence of the patient. With Stramonium I succeeded in curing a woman who insisted on walking about naked. Three cases of religious mania also responded to the same remedy. One was continually praying, from fear that her soul was lost. I exerted my will, commanding her to stop praying; she minded me, and fell asleep. Stram.^{30} failed, and after trying other remedies I gave Stram.^{6}, which cured promptly. A similar case was cured by Stram.^{cm} after low potencies had failed.

Dr. Graham inquired the condition of the brain under that meningeal abscess.

Dr. Talcott: The brain immediately under it was atrophied by pressure to one third its original size, the anterior lobe presenting a concavity instead of a convex surface.

Dr. T. L. Brown: Dr. Armstrong has at his asylum the best ventilation of any institution within my knowledge, and I think that pure air will account for much of the improvement noted by him, if it was not *time* that cured the patients.

Dr. Talcott: The Utica Asylum has an elaborate system of changing

---

* *Vide.* Lippe, Materia Medica, PLATINA, "alternate appearance of the symptoms of the body and mind; as soon as one group predominates the other ceases."

the air by means of fans. At Middletown there is an opening facing the north-west, and the air is heated before reaching the rooms. I do not attribute Dr. Armstrong's cures entirely to fresh air or removal of drugs. Mere change of place is frequently of very great benefit to insane patients; and I think a transfer system between sea-shore and interior asylums would prove of value. Something of the kind is done in England with great benefit.

Dr. Sterling: Some time ago I was called to see a case of acute mania, in Connecticut. The patient had failed to meet a note, and became possessed with the idea that he had committed the unpardonable sin. He took me for the Deity, so meeting him on the ground that hence I must be infallible, I gave him my assurance that he was mistaken, and succeeded in instilling hope into his mind; from which time he gradually recovered.

Dr. Talcott: Patients often attribute the beginning of their recovery to some cheering words spoken by the doctor on one of his daily rounds. Many cannot appreciate anything of the kind, and with them we have to work on a physical basis entirely, and seek to restore the mental balance by securing sound physical health.

Dr. Brown: The benefit of the change is due to one of two things, either the different barometic pressure, or to various methods of handling the patients. We would like to know what it really is that helps the case.

Dr. Talcott: Cases of melancholia are more apt to be benefited by mountain air, while maniacal cases are more apt to be quieted at the sea shore. Dr. Armstrong is at a disadvantage to cure, because hopeless cases are sent to him from other asylums.

Dr. Nash: Would Dr. Talcott advise moving a patient to an asylum when he can be well cared for at home? In other words, is it advisable to remove him from the influences which have surrounded him?

Dr. Talcott: That depends upon the nature of the case. Yes, if the patient thinks his friends are conspiring against him. The change from home is often as beneficial as from one asylum to another. After the treatment and moral discipline of the asylum the patient may go home well, and if another attack follow it may happen that an aversion to being sent again to an institution will stimulate him to self-control, and thus advance his recovery at home.

Mania Treated with Jamaica Dogwood and Kali Bromidum.

By S. J. FULTON, M.D., Norwich, N. Y.

July 15th, 1884.—Was called to see Mrs. G. a woman about forty-five years of age; for years has worked at dress-making, and attended to household duties. Has worked very hard, much beyond her strength. Is slender in form, of nervo-bilious temperament, black hair and eyes, and has arrived at the climacteric period. For months past she has been

quite irregular in her menstruation; generally the intervals much prolonged and discharges rather slight.

For two months past has been excessively nervous, and at times (quite often) has shown abberation of mind.

At this date find her under great nervous excitement, with great desire to be doing something all the while, but if she undertakes to do anything about her work does it all wrong; wants to cut up dresses, shawls, or anything she can get hold of. When of late she could get to the store, she wanted to, and tried to buy very largely of everything. Imagines she has great sums of money at her command, in fact thinks she has unlimited resources, though in fact they are most limited.

If opposed or restrained in carrying out her desires, or doing what she undertakes at once she flies into almost uncontrollable rage, and both threatens and attempts violence against those who in any way interfere. Will bear no restraint from her husband, his sister, or her own mother, but will strike or kick with what violence she can command. Has but moderate appetite, yet eats sufficient and makes no complaint; manifests no symptoms of distress or inconvenience from any ordinary food. Sleeps none during the day, and her rest is very much broken or disturbed through the night, wanting to get up and ransack the house in search of different things wanted for some imaginary work.

When I attempted to converse with her, she was at times apparently rational and would answer questions very correctly, but would soon again wander in her mind and promise to do great things for me; for instance, was going to purchase and present me with a fine house and lot, fine carriage horse, carriage, new clothes, etc.

Head seemed hot and congested, though the pulse was neither very rapid or full. ℞ Bell.[30] to be repeated if necessary in three hours. That night she had a very quiet night, rested well and in the morning after was apparently better than she had been in some time. Omitted medicine through the day, a dose to be given at night. Rest not so good as the night before, followed by increase of nervous excitability. Repeated same several times during the day. The Bell. was continued, with an occasional dose of Cimicifuga and Macrotin as there were symptoms of menstrual period which came on for one or a part of two days, and then ceased until the 22d, when she was more excitable, more furious at times. ℞ Stramon[3]. For a short time I thought it was going to relieve, but could perceive only a little real benefit. On the 24th, her husband said she must have something to make her sleep, and control her, for she had to be *held* firmly for some time to prevent her doing violence to herself and others.

I prepared and gave a watery solution of Jamaica Dogwood and Kali Brom., one part of the former to eight of the latter, which proved homœopathic to the case, and successful, as the sequel shows. After second dose the patient slept for nearly three hours, and woke refreshed and apparently better. Gave one more dose in the evening. She rested well through the night. After three days there seemed to be an increase of restlessness, and congestive symptoms. The prescription was repeated, only the amount of Dogwood was increased. After using the medicine for twenty-four hours, there was most marked improvement from day to

day; less nervous excitement, no violence, and less mental alienation. After a very few days the medicine was given but once or twice a day.

In about three weeks the cloud was dispelled from her mind and she came out clear and rational, sadly realizing something of her former condition, but apparently with reason fully restored. She was of course wanting in strength, as was shown a little later, when, having been subjected contrary to express directions to considerable irritation from injudicious company and from over exertion about the house, she manifested much excitement, and for a time her busband feared a return of the mental disorder. But a short rest, a dose of Kali Brom. and Dogwood, (which had been omitted for several days,) and a little advice from her physician quieted her down and in a few hours all was again natural. Since then there has been no retrogression.

I am aware that the administration of two remedies at the same time may appear to be unscientific; but either remedy when given alone was ineffectual. Together they worked a happy cure. Is it not possible that two homœopathic remedies may sometimes, when given conjointly, be more effectual than when one follows the other. Necessity is compulsive.

DISCUSSION.

Dr. J. L. Moffat: It hardly can be called scientific to credit this cure to the Jamaica Dogwood when Bromide of Potash was exhibited in accordance with accepted old school practice, and followed by the usual effects.

Dr. Fulton: The Bromide was given at first without effect. Then I gave Bromide of Potash with small doses of Jamaica Dogwood, which failed to produce a permanent good effect which was obtained speedily by larger doses of the Dogwood with Bromide. In another case in which the Bromide had been given in large doses until it had lost its effect, was followed with small doses of two grains of Bromide with one-half drop doses of Jamaica Dogwood, gave far better results than 30 grains of Bromide alone; in fact in an old man produced quiet sleep and rest, when the Bromide alone in the large doses has utterly failed, and I was told "it was of no use to give the Bromide as they had worn it out."

Dr. Talcott: We almost always use the single remedy. We have had good results in some cases of sleeplessness by giving fifteen to twenty drops of the tincture of Jamaica Dogwood in five drop doses. We have not tried it in potency.

Discussion was declared closed, and the chair called for the

BUREAU OF SURGERY.

M. O. TERRY, M.D., in charge.

1. "The Diagnostic Value of the Long Tube in Obscure Abdominal Tumors." H. I. Ostrom, M.D., New York.

2. "On the Treatment of Carbuncles with Hypodermic Injections of a Strong Solution of Carbolic Acid, and an External Limiting Application of Collodion." M. O. Terry, M.D., Utica, N. Y.

The Diagnostic Value of the Long Tube in Obscure Abdominal Tumors.*

H. I. OSTROM, M.D., New York.

The diagnosis of abdominal tumors, is attended with difficulties that arise principally from the natural mobility of some of the abdominal organs; from the distensibility of the abdominal walls, which permits an organic tumor to grow in almost any direction from its starting point; and from the fact that there is almost no organ contained within the abdomen that may not suffer either congenital or acquired dislocation. The difficulties therefore in reaching a correct diagnosis of abdominal tumors, belong chiefly to locating the growth. This done, the history of the case, with the accumulated evidence of pathological anatomy, will go far towards establishing a true diagnosis.

What may be called functional interference, does not enter with as much importance into the diagnosis of abdominal tumors, as theoretically one would be led to expect. Especially is this true of the double organs, for, as is well known, one organ assumes and performs to the satisfaction of the entire organism the function of the other organ when that is diseased. This is also true, though in a lesser degree, of the single organs. The liver may be seriously diseased in one of the lobes, or that part may be occupied by a cancerous growth while the remaining portion so performs the function of the whole that the powers of digestion may not seem to suffer. The spleen can be entirely removed from the body with a reasonable certainty that its office will be performed in the lymphatic glands and medullary canals, and that the blood will soon be found to contain its normal proportion of white and red corpuscles.

So considerable is this functional substitution, that we may question whether it is not a contingency that should more frequently enter into the prognosis, and operative treatment of organic neoplasms; whether, in the blastodermic differentiation of the embryo, there is not developed a possibility of functional substitution, which finds its limit in the boundaries that seem to make the formative power of each layer of the blastoderm; and further, whether there are not laws of functional substitution, as there are of complemental nutrition, that will make it practicable to remove organs and parts, now considered essential to life.

For the convenience of pointing out the diagnostic value of the long intestinal-tube in obscure abdominal tumors, let us divide abdominal tumors into extra-intestinal and intra-intestinal; those situated outside of the intestine, and those situated within the intestinal-tube. Among the former are neoplasms in or of the liver, gall bladder, spleen, stomach, kidneys and urinary bladder, and in the female, in addition to this, the uterus and ovaries.

Among the latter, the intra-intestinal are chiefly constrictions from cancerous growths involving the circumference of the bowel at a given place, and fecal accumulations. Fibro-sarcomatous tumors are almost

* Read by abstract.

exclusively situated in the rectum, and hence cannot be regarded as abdominal tumors, or complicate their diagnosis.

Almost any tumor of the abdomen may be a fecal accumulation, and on the other hand, a fecal accumulation, especially if of long standing, may present features which render a diagnosis between it and more grave conditions a matter of extreme difficulty, and call into use every diagnostic means.

In December, 1883, I was requested to visit a gentleman of sixty, who had previously enjoyed excellent health. The family history was one of remarkable vigor and strength. I found him suffering with what I believed to be gall stone colic. This attack, which lasted but a few hours, was followed by similar attacks, varying in intensity and in time of occurrence from one week to four weeks, and at one time six weeks. Between these attacks of pain the gentleman enjoyed his usual excellent health. I was never able to find gall stones in the feces, and this of course removed one positive diagnostic sign, but some circumstances of the case made it extremely difficult to apply this test with thoroughness. From the beginning of my treatment of the case, I made frequent careful examinations of the abdomen, but could discover nothing to excite the slightest suspicion of a tumor within its cavity. All his functions were performed regularly and naturally, and the urine, tested chemically and with the microscope, showed no departure from health.

BOSTON MEDICAL LIBRARY NOV 3 1915

In April the attacks of pain became more frequent, and upon again preparing to examine the abdomen, there was perceptible a prominence immediately above the right iliac crest, which however disappeared upon touching, and was with considerable difficulty again brought into a position where it could be examined. The body proved to be a hard, smooth tumor, without apparent attachment, and very movable, manipulation caused no pain. The long tube showed the bowel to be empty, the tumor not diminishing by its use, or any considerable accumulation of feces passing.

Fecal vomiting set in with constipation, and the gentleman died from perforation of the intestines, three days after the discovery of the tumor.

The autopsy revealed extensive epithelial degeneration of the abdominal viscera, involving the ascending colon to such a degree as to cause complete obstruction of the bowel. This degeneration had undoubtedly been progressing for a considerable time, and in the light of the post-mortem examination, all the patient's symptoms had their origin in the neoplastic growth, but with all the aids to diagnosis it was impossible, until within a few days before death, to tell with any degree of definiteness, the nature of the affection. In this case the long tube afforded valuable negative evidence, and made the prognosis of a speedily fatal termination probable.

In another case now under my care, of a gentleman who came from Ohio to consult me, the long tube has rendered valuable aid as a diagnostic instrument. This gentleman, in April, 1884, began to lose strength, and from weakness was at times unable to attend to his business. In May he was attacked with neuralgia, involving chiefly the sacral plexus, but to some extent the lumbar plexus of nerves also. He was treated by a local physician for sciatica, the treatment consisting in hypodermic

injections of morphine, night and morning. Having obtained only temporary relief, he consulted me the last of July. The family history was one of a tumor cachexy. Situated at various parts of the body I found small tumors but slightly elevated above the skin, not discolored. One of these, on the border of the left ninth rib, has at times been quite painful, and is still sensitive upon manipulation. These growths are fibroma of the skin, possibly fibro-sarcomata. In the right lumbar region there is a firm, hard body, extending from the border of the ribs to the crest of the ilium, and mid-way to the umbilicus. This is immovable and not sensitive to manipulation. There seems to be no connection with the liver. The percussion sound over the ascending colon is tympanitic, but deep pressure affords a dull sound. In the beginning of the trouble, I am told the patient had slight jaundice of which nothing remains. His bowels are at times constipated, and at times predisposed to diarrhœa.

The use of the long tube in this case again afforded negative evidence, the result being to leave the tumor unchanged, and to cause only a temporary looseness of the stool. The general health of this patient is declining, and upon all the evidence I feel justified in regarding the case as one of a neoplasm, probably of the connective tissue group, considering the cutaneous growth possibly developing in the posterior wall of the ascending colon, but rather involving deeper structure, as shown by the continued sciatic and cranial neuralgia. I am treating this case after the method of Dr. Déclat. 80m of the tinct. Phinique night and morning, and receive some slight encouragement from the fact that the cutaneous tumors are disappearing, and the abdominal tumor has remained stationary since beginning the injections, now four weeks ago.

The value of this aid to the diagnosis of a class of tumors, it is true robbed of much of their gravity since the remarkable results of Lawson Tait and Dr. Keith in abdominal surgery, but their belonging to the most serious disease the surgeon is called upon to treat, is difficult to overestimate.

Fecal accumulation, if relieved before inflammation is set up, is a trouble of little moment compared with the neoplasms found in the abdominal cavity, and it requires no demonstration to show the necessity of early establishing a correct diagnosis between the two classes of affections.

In using the long tube for the diagnosis of abdominal tumors, it will be remembered that fecal accumulations occur more frequently in the descending colon than in either the ascending or transverse portions, and hence the possibility of a tumor situated in the left lumbar region being a fecal accumulation is greater than for one having its seat in the right side, but fecal accumulation may occur at any point between the cæcum and the anus.

It will also be remembered that fecal accumulation does not of necessity mean intestinal obstruction; in fecal accumulations there is usually diarrhœa, in the overflow the feces becomes adherent to the inner wall of the bowel, leaving a passage in the center of the mass, or possibly that portion of the mass the most remote from the stomach softens and diarrhœa results. Of course the nearer the fecal accumulation is to the anus the greater ease will be experienced in its removal by an injection, but with the long

tube, well introduced, an enema may with ease be thrown into the transverse colon, certainly up to the splenic flexure. The tube I use is twenty-three inches long. To this, after its insertion, a Davidson syringe is attached to furnish the propelling power. The enema that I have found most satisfactory is composed of warm olive oil one quart, and spirits of turpentine one ounce.

The method of introduction is simple. Placing the patient on the left side with hips flexed on the abdomen, with an ordinary syringe throw a small quantity of pure oil into the rectum. Then after well oiling the tube, it is inserted slowly until the spasmodic contraction of the sphincters has been overcome. By following as nearly as possible, in the direction given to the tube, the course of the rectum and sigmoid flexure, the tube will pass without difficulty into the descending colon. If, however, there seems to be any obstruction, it is well to attach the syringe and throw a little oil into the bowel. The fecal injection should be slowly and carefully performed, without more force than is necessary to effect its passage through the tube. Before the evidence gained from this tube can be considered conclusive, its use should be repeated several times. It is free from danger if used with care.

On the Treatment of Carbuncles with Hypodermic Injections of a Strong Solution of Carbolic Acid, and an External Limiting Application of Collodion.

By M. O. TERRY, M.D., Utica, N. Y.

In looking over articles on the treatment of carbuncles in the most recent editions of the standard works of surgery, I find the most unsatisfactory results are obtained by the empiric methods resorted to. Carbuncles are dangerous, especially in advanced age, often proving fatal. They are usually ushered in by a chill followed by a fever,* the skin over the affected part becomes hot and painful, and a firm, flat, more or less circumscribed inflammation of a somewhat dusky hue forms, which is deeply seated in the tissues. It is painful, with commonly more or less of a burning sensation. The symptoms become gradually more marked during ten days to two weeks, when the tissues begin to break down and soften, and the skin becomes gangrenous. Perforations appear at various points, either filled with tough, fibrous, yellow *cores* or hollow; and from these issues a yellow, sanious fluid. The surface soon assumes a cribriform or sieve-like appearance which is very characteristic. Unless the carbuncle is small the whole skin covering it usually sloughs sooner or later, leaving a large, open ulcer, healing slowly. The duration of carbuncle is usually from four to six weeks, though its course depends somewhat on the age and strength of the patient. Dr. Homes states that the prognosis should be extremely guarded. In the International Encyclopædia of Surgery by Ashhurst, Dr. E. M. Moore says: "Death is not infrequently the result in this disease. Exhaustion from sloughing is sometimes the cause

*Homes Packard. Vol. III., p. 758.

of death, and occasionally it is produced by hemorrhage or by embolism. But it is obvious that the great source of danger is septicæmia, which may be exhibited in all its phases by the direct action of the poison on the blood, or by the production of secondary abscesses." I will not quote the treatment given by these illustrious authors in the standard works referred to, because I can see little if any merit in the various suggestions offered. So it is in the work of our illustrous Helmuth; but little reliance can be placed on the remedies named, and he has left us in the dark as to surgical means of relief.

If you will recall the remark of the surgeon last quoted, that the great source of danger is *septicæmic* in these cases, the key-note for the treatment will at once be pointed out.

My experience, although not extensive, is so positive as to the results obtained by a local antiseptic treatment in these cases, that I advise all to try it and pass judgment as compared with other methods.

There are three principles involved in the successful handling of carbuncles:—

1. An external limiting application of Collodion.
2. A *small* crucial incision for the evacuation of the pus and dead tissues.
3. The repeated hypodermic injections of a strong solution of Carbolic acid, the needle being passed in each instance well towards the periphery in several directions from the small crucial opening.

In regard to carrying out these measures:—

I. The Collodion should be applied around and beyond the external limit of the carbuncle, leaving an opening three-quarters of an inch in the center for incision and hypodermic injection, the application should be thickly put on and repeated once or twice a day as seems necessary. If properly applied it will press the blood from underneath it, leaving the skin pale and without pain or inflammation.

II. The crucial incision need not be made deep.

III. In regard to the strength of the injection—the following is the formula I have used:—

℞ Crystal solution of Carbolic acid, gtt. xx.
Glyceriniæ, ʒii.
Aquæ, ʒii.

M. Inject freely in several directions from the opening so that the acid will reach the outer limit of the inflamed tissue.

As a dressing I use:—

Linseed Oil, ℥vi.
Crys. solution Carbolic acid, ʒss–ʒi.

M. Saturate a liberal piece of absorbent cotton, apply and cover with oil silk and a bandage.

I have recently added to these prescriptions *Bromine* of which ten drops of a strong solution is added to the prescription for injection and ʒi for the external dressing. Relief from pain may be expected *immediately* after the first treatment and dressing, and improvement rapid and sure. I have seen physicians in various parts of the State who had been afflicted with carbuncles for months, which is conclusive proof of the need of a better treatment. Begin this treatment early, do not poultice,

and within two weeks your patient will be well. More frequently the injections may be discontinued after four or five treatments and you can leave the patient to dress the wound himself. When injections have begun, repeat each day until you are sure the inflammation has ceased.

DISCUSSION.

Dr. Henry C. Houghton: I might follow Horace Greeley's example and write on what I know about carbuncles. My early recollection is of driving my father to the physician who was trying to undo the work of his predecessor, who, by reduced diet, had brought the patient to death's door by carbuncles. Generous diet and local treatment saved life. If such treatment as that of which Dr. Terry speaks can abort this tormenting disease, he has given us something which we may consider a God-send. When eighteen years of age, overtaxed by a year's work in trying to follow the example of Amos Lawrence, I had my first experience with the jewels, carbuncles. One large one on the right thigh surrounded by a number of small ones caused, I believe, by poulticing. In 1868, after a struggle to secure a professional foot-hold in New York, I was threatened by typhoid fever, and in January, 1869, was attacked by carbuncle involving the left side of the face, closing the mouth so that food could only be taken through a tube on the left side; the eye was closed, one half the face infiltrated and dark blue in color. Crucial incision was advised. I refused believing I should die from extensive slough. My friend Dr. Cullis called and advised Hypophosphite of Lime 1^{x} trituration internally, and powdered Phytolacca root locally. A teaspoonful of the powdered root was put in the middle of a small flaxseed poultice and applied to the centre of the carbuncle; its effect was magical, benumbing the pain and hastening the suppuration. In two days the slough separated and the tissue was well on the way to resolution. In January, 1876, when again overtaxed by professional labor, I was attacked by similar conditions on the left side of the face. Under Silicea and applications of hot water the swelling disappeared; twenty-four hours later a severe chill occurred, lumbar and hepatic abscess threatened, septic poison was claimed by some, but doctors disagree. After seven weeks of torment by rigors, by sweats, by spasms, I crept slowly back to active professional relations. For five years I had occasionally small boils on various parts of the body. January 13th, 1881, I broke down again, three boils on the nape of the neck merged into an immense anthrax; not till March 15th, did I return to my office work. No language can describe the agony; twice death was imminent by excessive hemorrhage. And right here I wish to condemn as emphatically as lies in my power, the criminal negligence or indifference of pharmaceutists who are not particular to send the exact variety of the drug ordered. My very life was endangered by sending common Tarantula because he had not T. Cubensis on hand.

Dr. J. L. Moffat: One of the prominent uptown homœopathic druggists of New York sent me the Chlorate instead of the Muriate of Potash, trituration, and when I remonstrated, calmly replied that there was so little difference between the two that he filled orders with them interchangeably!

Dr. George Allen: I can endorse very heartily the treatment

recommended by Dr. Terry. I have used it in two cases. In both the local process was quickly subdued. In one case the treatment was not instituted till pyæmic symptoms of a serious nature had supervened, and although the local results were entirely satisfactory the patient succumbed to the constitutional condition. In the second case a carbuncle of three inches in diameter was reduced to a diameter of one inch within three days, and in ten days the process was virtually over. This treatment is by far the most satisfactory I have ever adopted in this disease.

Dr. Houghton: Dr. E. M. Kellogg, after personal trial, suggests painting two or three times a day with copal varnish, which effects the local cutaneous circulation.

Dr. Graham: I have found benefit from the local application of a mixture of Currier's oil six parts, and Sulphuric acid one part, in cases where I had every reason to suppose a felon was in progress.

Dr. Terry: Carbolic acid destroys the cause of the inflammation and prevents septicæmia and pyæmia. Constitutional treatment is not enough! You must have the anti-septic dressing. Pain is stopped at once.

Dr. Nash: I would like to ask Dr. Terry if he considers carbuncle a local disease, or a manifestation of constitutional trouble.

Dr. Terry: Carbuncle is an inflammatory action, local at first. Butyric acid (in applications of butter) will often cause it by irritating the sebaceous follicles.

Dr. Houghton: I am convinced that carbuncle is a local manifestation of a constitutional condition. Mine came when my system was run down by study and professional strain. Carbuncle may also be induced by local irritation or poisoning, as from contact with hides from South America, but is not so in the majority of instances. While local applications may be advisable, we must not omit constitutional treatment.

Dr. Terry: The boil is the boyhood of the carbuncle. The latter is often prevented by omitting butter and using collodion, leaving an opening in the middle for the escape of pus if it has formed.

Dr. Nash: All such manifestations as boils, carbuncles, felons, are dependent upon the condition of the constitution; I have often seen them subside under constitutional treatment alone, and I am conservative in my diagnoses. I have seen *Apis* abort what I have no hesitation in affirming would have proven felons, because other felons had preceded them a short time in the same subject. No local treatment will take the place of constitutional; and I believe the latter will always suffice alone, providing the homœopathic remedy be properly administered.

Dr. Terry: Boils beget boils! Stop the first, and you avoid a crop.

Dr. Houghton: Truth is two-sided. We do not know enough yet to always abort a carbuncle by the internal administration of internal specific remedies. Hence the need of local treatment that may mitigate the agony. If Dr. Terry's method will do that, we owe him our thanks. Alongside of Tarantula Cubensis should be placed *Picric acid* and *Picrate of Lime*. We cannot always escape surgical treatment.

Dr. Nash: If we know thoroughly the indications for remedies, we will have less use for the knife.

The bureau was declared closed.

Dr. Hasbrouck: I wish to remind the members that I am representing the Treasurer, and would be glad to have all step up and settle. Some have expressed surprise at not having received their Transactions; it is because they are in arrears for dues. It is an experiment this year, and it remains to be seen if we can afford to give the Transactions to members; I think we can, but only if each one pays up promptly.

On motion the society adjourned until 8 P. M. for a

VISIT TO THE ASYLUM.

Carriages were in waiting, and the Society was driven in a body to the State Asylum for the Chronic Insane, which is beautifully located on a commanding height about three miles to the eastward of the city. We were courteously received by Dr. T. S. Armstrong and staff and escorted through the institution, visiting the wards and offices, and examining a number of interesting cases among the patients. After a concert by an orchestra drawn from among the employes, we were regaled with a dainty supper tendered by the ladies of the family, at the close of which the thanks of the society were unanimously voted to the ladies and the Doctor for their kindly hospitality.

EVENING SESSION.

The Society was called to order by President Coburn, at 8:15 P. M.

Dr. Talcott arose to request permission of the society to bring to its notice the necessities of the Homœopathic Insane Asylum at Middletown, to which end Dr. Paine would offer a resolution.

On motion it was voted that this matter be now considered.

Dr. Paine: Sometime since I received a letter from Dr. Dake asking why the appropriation for this asylum had failed. The Governor based his veto mainly on the fact that the State Board of Charities had reported against it. The Governor last fall notified the charitable institutions of the State that if any wanted an appropriation beyond maintenance they should notify him, and a committee would visit them and report to him on the necessity for it. A committee of the State Board of Charities visited the asylum and recommended an appropriation of $2,200, instead of the $77,000 asked for. Their reasons were so puerile that I can, even now, hardly restrain my indignation. That committee should be changed! and I hope that steps will be taken to prevent, in the future, such interference with our institution. Promises have been made on the part of that board which we are willing to trust for the time, but so much has been done by them inimical to the interests of homœopathy in this State that I offer the following:—

WHEREAS, Various amounts required by the Middletown and Binghamton Asylums, to promote their usefulness and efficiency (which were urgently recommended and deemed greatly needed by the trustees of said asylums) have been denied, and the appropriation thereof prevented by the State Board of Charities, for reasons, which in the opinion of this society, are wholly unjustifiable; and

WHEREAS, While fully recognizing the importance of maintaining suitable checks and safeguards as well as wise supervison of all public institutions, we are justified in protesting against that which plainly interferes with the interests of humanity and is not characterized by a breadth of scope and liberality of principles which should control the management of such associations; therefore,

Resolved, That a special committee of this society be appointed to coöperate with the Board of Trustees of the Middletown Asylum for the purpose of securing during the coming winter such appropriations as may be necessary for the proper care and protection of the inmates of said asylums.

As a specimen of the work of this committee of the State Board of Charities I will read two or three items of their report:—

1. For new day-rooms, $50,000. "Disapproved because the institution with a capacity for 400 patients has not had more than 250 on hand at any one time, and then there were two corridors vacant."

The committee did not realize that these corridors could not be used for day-rooms without a large increase in the corps of nurses, because the patients would have no difficulty in escaping from them.

2. For furnishing wards $4,000. "Because there are accommodations for forty-two more patients than are now in the wards, we disapprove of the appropriation for this year."

But, at the regular rate of increase, these wards, I believe, will be filled before the year is out, and it will take nine or twelve months after that to furnish those rooms; the trustees will have to draw from other sources to do this, as it now stands. And so as to the Binghamton Asylum, Dr. Armstrong asked for $15,000 for double windows. In such an exposed condition this is very essential; what chance would a pneumonia patient have near one of these windows? Yet the committee recommended weather strips! The State Board of Charities was constituted to protect the feeble; not to act the part of obstructionists.

Dr. Terry moved [seconded by Dr. Dayfoot] the appointment of a committee of three, consisting of Drs. Paine, Talcott and Watson, to secure an appropriation for the asylum.

Dr. Talcott: The Superintendant wants a committee of representative men to coöperate with the Trustees; it would hardly be in good taste for me to serve on this committee.

Dr. Terry: I withdraw that motion [agreed to by Dr. Dayfoot] and move the adoption of the resolution offered by Dr. Paine.

Seconded and voted.

Dr. Hasbrouck: I move that a committee of seven be appointed by the President to coöperate with the Board of Trustees of the Middletown Asylum in securing an appropriatiou this winter for the asylum. [Seconded.]

Dr. Dayfoot: I think that so large a committee would be combersome, and move to amend by making it consist of three. [Seconded.]

Dr. Paine: This committee will work chiefly by correspondence, and will have more weight if so constituted as to represent all parts of the State.

Dr. Hasbrouck: I think that Dr. Armstrong has not asked for coöperation, but if necessary the committee can exert their influence for Binghamton also.

Dr. Dayfoot withdrew his amendment, and the President put Dr. Hasbrouck's motion which was carried.

The Chair announced the following committee: Drs. H. M. Paine, Albany; Henry C. Houghton, New York; E. Hasbrouck, Brooklyn; Chas. Sumner, Rochester; J. J. Mitchell, Newburgh; T. L. Brown, Binghamton; F. Park Lewis, Buffalo.

Dr. C. E. Jones moved the appointment of an additional member. It was so ordered, and the President added Dr. H. M. Dayfoot of Rochester, to the committee.

Dr. E. Hasbrouck moved that a copy of this resolution be sent to the Board of Charities.

Dr. C. E. Jones: I think diplomacy will be found to pay in the long run, and that we had better not anger that board; all needless friction should be avoided.

Dr. Hasbrouck: I withdraw my former motion and move

That the Secretary be instructed to notify the State Board of Charities that a committee has been appointed by this society to coöperate with the authorities of the Middletown Asylum in securing an appropriation this winter for that institution. [Carried.]

Vice-President Houghton then announced the Annual Address

Medical Bric-a-Brac.

By President EDWARD S. COBURN.

Ladies and Gentlemen of the Homœopathic Medical Society of the State of New York:—

In beginning, I desire to tender you my very sincere and hearty thanks for the honor which you have kindly conferred upon me.

Casting about for material of which to form an address, I, very naturally, asked what do the proprieties demand, and what the necessities. The first thought was that, to say something about medicine that no one else knows, would be a compliance with the former requisition that would satisfy the most fastidious. But if the necessities demand this, then invention or discovery must supply the desiderata, or imagination must spread a Barmecide feast. While thus deliberating, "Give me the luxuries and I will dispense with the necessaries," flashed upon the obscurity, and indicated an exit. The light was very welcome; for to comply with the order that you should be told something of medicine of which you are ignorant, was to be utterly despaired of. The "Past of Medicine" is a field that has been so often and so thoroughly ploughed that there seemed no ground left for a new furrow. "The Present of Homœopathy" is an exceedingly fair landscape of growing beauties, but your medical glasses have often surveyed it. "The Future of Homœopathy" has had frequent representations—the curtain has been lifted—the possibilities have passed out of the realms of conjecture, and each of us may safely prophecy con-

cerning its ultimate glory; but who shall venture to describe it. "Our Duties" was suggestive, and "Act well your part; there all the honor lies" appeared to cover the ground, without the addition of specifications that your own intelligence and consciences may readily supply. "Antagonism between Homœopathy and the Dominant School" has often sounded the bugles for the "Charge," and the pressure of superior numbers, armed with the fatal guns of allopathic arsenals that have carried death into all ranks upon the many fields of all the ages, has made each of you, doubtless, at times fancy himself one of the Three hundred in a Thermopylæ-pass, a million Persians ("barbarians") darkening the air with the flight of their arrows. The "Position we maintain" has been maintained, with our banners hung out on the outward walls. "No coign of vantage" but some President with an Address or member with a Paper "hath made his pendent bed, and procreant cradle." To finish the quotation—"Where they most breed and haunt, I have observed the air is delicate."

Are we prepared to adopt the sentimemt of the Latin poet—"I think nothing relating to man foreign to myself?" Doubtless, none of us will hesitate to admit that Pericles, in maintaining that, if Athens would continue to hold her sovereignty there must be a general cultivation of her citizens, was wise in his generation. Nor is our credulity severely attacked when we are asked to believe that the painter who can mould a statue, or the sculptor who can paint a picture, is, probably, more efficient in each art. He who paints a landscape only, does not generally paint it as well as the one who paints figures too. We have been told this in treatises on art—many of us may have observed it. The conclusion, then, is legitimate, that the physician who reads and digests Similia never so thoroughly is, if he reads nothing else, a single-facet stone. If he shall increase his stock with a knowledge of all that is valuable in Contraria, there will result a duplication of brilliancy (if not of usefulness); but the many-faced jewel—the full-orbed man—can hardly exist in perfection without the creative influences of general literature. We assume, then, that your tastes are catholic—that you are firmly of the opinion that the physician in any community should be its best-educated citizen—that the names of Raphael and Shakespeare fall upon your ears no less pleasantly than those of Galen and Hahnemann, and that astronomy and art delight you equally with anatomy and medicine. In harmony with these tastes and sentiments is the couplet,

> "In art avoid respectability,
> And respect ability."

Some one has said that those who expect a newspaper to be a lexicon and a review, a magizine and a Plymouth pulpit, don't know what a newspaper is. But an address may reasonably be expected to satisfy these conditions, and become a collections of things antiquarian or artistic—Literary bric-a-brac. With this disclaimer of originality, and with a giving of credit in general terms to several authors, permit a few words upon a science that is not only pre-historic, but coeval with fable itself. It was long ago, very far down the corridors of time, that men began to

look inquiringly at the sky. The schools of those days gave instruction neither in optics, nor meteorology, nor astronomy. We may hazard this assertion, though we have no clear knowledge of what formed the curriculum of any university then existing—they have all gone the way of "The Lost Arts."

It is very probable that certain modern reviewers—the literary prigs and dudes of our own way—in criticising the methods and results of those primitive astronomers would dub them savages, and dismiss them without ceremony. With these critics, an epithet, here and there, is the "be-all and the end-all," and, therefore, their memory is well furnished with words. Poe hits them off nicely in saying—"A party of travelers crossing a large plain was closely scrutinized by a group of donkeys occupying a neighboring height. Afterwards, one of the party speaking of this, said, 'How they viewed and re-viewed us!'"

Remembering that the ancient arts progressed very slowly, while the modern arts advance in long bounds, not many generations shall have elapsed before those who then live will priggishly sneer at us as savages. Is this term, savage, not relative; and are we not too declarative? Would it not be safer and more modest to end our sentences oftener with an interrogation point? We left some men looking at the stars. What were their thoughts, their emotions? Höfer says that just then and there we may look for the beginning of astronomy, which was, during many ages, identical with astrology. An examination of astrology, apart from astronomy, as the art of judging of the influences of the stars, and of foretelling future events by their position and aspects, would be a post-mortem. Yet the decease of the art occurred not long ago, for as late as the middle of the seventeenth century belief in astrology was almost universal. Nor is it strange that the departed was so long-lived. To believe that, by consulting the stars, conjunctions, signs that stand in the house of life, one might read the future, must have been extremely fascinating. Astronomy and astrology were not divorced till the earth came to be regarded as one of the heavenly bodies. In England, astrology died of a satire early in the eighteenth century. In a squib, entitled "Prediction for the year 1708, by Isaac Bickerstaff, Esq.," Dean Swift, the author, begins by pretending to believe implicity in the art, and then proceeds to criticise the methods of its professors—the uncertainties and absurdities that attended the practice. He then points out a better method, and says: "My first prediction is a mere trifle, yet I mention it to show how ignorant these sottish pretenders to astrology are in their own concerns: it refers to Partridge, the almanac-maker. I have consulted the star of his nativity by my own rules, and find he will infallibly die upon the twenty-ninth of March next, about eleven o'clock, of a raging fever. Therefore I advise him to consider of it and settle his affairs in time." When Partridge should, according to the prediction, have been dead, Swift wrote a letter to a person of rank, giving a full and specific account of the death, on the day and at the hour predicted. The unhappy astrologer vainly protested that he was alive, got a literary friend to write a pamphlet to prove that he was alive, and published his almanac for the next year. It was all to no purpose. The wits circulated the joke, and

everyone was convulsed with laughter. Swift's squib was fatal to astrology in England—another proof that ridicule is stronger than argument. That Tycho Brahe should have abandoned astrology only a few years before his death, is very remarkable in view of the fact of the fulfillment of his prediction from the appearance of the comet of 1577.

This comet announced, he said, that in the north, in Finland, a prince should be born who should lay waste Germany, and vanish in 1632. Gustavus Adolphus exactly fulfilled all these conditions. Disaster, the primary signification of which is the baleful aspect of a star, is a familiar example of the traces left in our language by this science, which so long influenced all sciences, and all the interests of humanity. From simple to complex is the law. Extreme simplicity marked the observations of the Chaldeans and the Egyptians, prior to whom we find scarcely a trace of astronomy as a science. Indeed, the Chaldean astronomer was long merely astrological in his intentions—aiming only to cast a horoscope and predict the weather. At an equally early date there existed in China a cultivation of the science. Nearly 3,000 years B. C., a Mathematical Tribunal was instituted to promote a knowledge of astronomy—especially the prediction of eclipses. In those days, the eclipse was a portentous phenomenon freighted with untold possibilities. That the members of the Tribunal might not grow listless in their vocation, a law of the Empire provided that "whether the instant of the occurrence of any celestial phenomenon was erroneously assigned, or the phenomenon itself was not foreseen, either negligence should be punished with death. Apropos of death and death penalties, a perusal of the records of allopathic practice suggests inevitably the thought that, if every physician who has manipulated the diseased during the long reign of allopathy, as despotic as destructive, had been required, as a *sine qua non*, to furnish a correct prognosis and diagnosis of every case to which he was called, the penalty of his failure being death, how many lives would have been spared—how many premature and unnatural deaths have been avoided! Stringent legislation to this effect is probably desired by no practictioner of any school, since it would compel us in self-defense to make ourselves Delphian oracles, study ambiguities, and go to bed-sides with heads full of Latin and mouths full of a medley of technicalities that should be Greek to the sick and all of the laity—whose lives are not as our lives. On the whole it is decidedly safer and more pleasant for us of the profession not to have Medical Tribunals with death-penalties—their absence has a tendency to promote our longevity.

The Greeks were the heirs of the astronomical wealth of the Chaldeans, Egyptians and Phœnicians; the legacy, however, did not much enrich them. As to India, it is deemed doubtful whether the considerable knowledge of astronomy that we find there, ante-dated that of the Greeks, or was derived from them through Pythagoras, or was carried there by the Arabians. However little the Greek received, he did not fold the gift in a napkin; for, Pythagoras taught, 600 B. C., that the sun is the center, and that the earth revolves around it; the foundations of the science are said to have been laid even earlier—640 B. C. Later Copernicus revived this system; the former enunciated, the latter proved. Passing

hastily the names of Plato, Aristotle, Euclid, and others, who, though not professionalists, did much to promote the science—commending to your special notice Hipparchus, who collected scattered facts and arranged them, Ptolemy, who founded a system, Copernicus, who overthrew that system, Tycho Brahe, the skillful Danish astronomer, Kepler, who discovered that planets move in an ellipse, that the squares of times are in proportion to the cubes of distances from the sun, and propounded views of gravity that Newton matured; merely mentioning the invention of the pendulum, of the telescope, of the labor-saving logarithms, and the discovery of the law that maintains the connection between the heavenly orbs; referring you to the later discoveries of Halley, Herschel and others, we presume to recommend you, if you would be imbued with the spirit and beauty of the most poetical and most sublime of the sciences, to read (if you have not done so,) "Ecce Coelum"—then study the heavens themselves.

The career of alchemy and chemistry resembles, in one respect, at least, that of astrology and astronomy—each furnishes an illustration of of the law of the "Survival of the fittest." Mr. Dryasdust looks with very little complacency upon those who think that because alchemy did not transmute metals into gold, did not discover the philosopher's stone, therefore alchemy had no mission. Liebig says that alchemy was never at any time, different from chemistry. "The former arrived at a knowledge of the properties of bodies; the latter showed the relations and limits of those properties." The first mention of chemistry is found in a dictionary of the 11th century, where it is defined as the preparation of silver and gold—a signification that savors strongly of the alchemistic idea. According to the same authority, the fabulous Golden Fleece, in quest of which the Argonauts sailed, an expedition that has furnished a theme for poets and romancers ever since, was a treatise written on skins concerning the making of gold. Nowadays, it is on the skins of Argonauts themselves, as they sail away from Wall street, and similar strands, that we find written the mystic device—Fleece(d) of Gold.

In the 16th century the bent of alchemy was greatly modified, and Paracelsus says that "The true use of chemistry is not to make gold, but to prepare medicines." It is now conceded that chemistry in its cradle and thence to its majority was called alchemy, and was visionary in its characteristics and aims. In its relative maturity, and since its second christening, its name is high on the roll of the positive sciences. Astrology, then, left us astronomy; alchemy, "the astrology of the lower world," departing, bequeathed chemistry.

Æsthetics—"the philosophy of taste—the theory of the fine arts—the science of the beautiful"—being extremely fashionable now, may be ushered in without preface or apology. A perfect definition is a rarity, and Beauty has not yet been satisfactorily defined. Shakespeare says "Beauty is in the eye of the gazer": that the poet "sees Helen's beauty in a brow of Egypt;" but the definition has not been given that goes unchallenged, though romancers have described lovely specimens, though poets have sung of it, and though philosophers have defined it and disagreed. The Rev. Archibald Alison published, early in the present

century, an "Essay on the Nature and Principles of Taste," in which he maintains that things are beautiful not in themselves, but only because of pleasant associations. The book was highly praised in the Edinburgh Review, and admitted into high social circles. The author sent a copy of the work to Robert Burns, who thanked him, and humorously said "that he had always thought the martial clangor of a trumpet grander and more sublime than the twingle-twangle of a jew's harp—that the delicate curve of a rose-twig when the half-blown flower is heavy with dew, was far more beautiful than the erect stub of a burdock; and this because of something innate and independent of all association of ideas; but perusing your book has somewhat shaken my faith." The scientist has this advantage of the artist—that while the former may avail himself of the knowledge accumulated by his predecessors, and begin where they ended, the latter must depend upon his own resources, and, with no other help from the masters than such inspiration as he may gain from an observation of their works, must paint his own picture, or chisel his own statue. Egypt and the East have, doubtless, only indirectly influenced us in the Fine Arts, though they may have given a faint inspiration to the Greeks, who were the masters of Western civilization. Here, allow me to refer you to your encyclopedia for some very interesting reading upon the following points—The division into four great periods of history of the manual arts—architecture, sculpture, and painting—The beautiful theory of Hegel; that particular arts are characteristic of particular types of civilization; as, that architecture, the symbolic art, is adapted to ages of obscure and struggling ideas, etc. The application, by Herbert Spencer, of the doctrine of Evolution to the history of these arts; ingeniously and elaborately showing how the group were originally bound up together, and the process whereby each gradually detached itself from the rest. In this reading, you will observe the march, the halt, the counter-march, and the new advance which has continued, without even bivouacking, down to our own day, when sculptural and sacred are no longer mutually suggestive; the painter now plying pencil and brush in the secular interests of history, landscape, anecdote, and what not. And now, accepting Hegel's or Spencer's theory, or neither; referring beauty to sensation with Burke, or, with Aristotle, Hogarth, and others, to something perceived by sensation; seeking it in association, with Alison, or recognizing both objective and subjective sources as concerned; lacking the desire to analyze or define, and satisfied with the yellow primrose as the yellow primrose, with the sun-flower as the Wilde-flower,—with or without theory, the arts are filling our homes and lives with things of beauty.

Mr. John Stuart Mill says, "The Art (in any case) proposes to itself an end to be gained, defines the end, and hands it over to the Science." A little more than 2,000 years ago, it was first proposed as highly desirable, that the phenomena of disease be studied. He who called the attention of the fraternity to a consideration of this proposition, though himself a renowned physician, was so little versed in anatomy that he used vein and artery as convertible terms, knew nothing of the nervous chords, and termed a sinew a nerve. Prior to Aristotle, knowledge of anatomy

was limited to that derived from dissection of the lower animals, and the acquisitions were rude, shallow, and erroneous. He (Aristotle) collated, corrected, and systematized results that lay scattered in confusion, and we know him as the founder of Comparative Anatomy, no less than as the original exponent of the principles of modern science. The most eloquent of the Latin orators, Cicero, spoke to his contemporaries of the conveyence of the blood by the veins through the body at large, and assigned to the arteries as their office, the transportation of the air inhaled by the lungs. The first name that attracts attention since the Christian era, in connection with the science of anatomy, is that of Galen, whose osteology is the best that is furnished by the ancients. He first maintained that the brain is the origin of the nerves of sensation, and the spinal chord, of those of motion: proved that arteries in living animals contained blood, and not air, etc.; aggregated facts and rectified errors—gave an immense impetus to the science. The death of Galen was followed by an almost utter stagnation of mental activities that lasted from the second to the eighth century, during which time not anatomy only but all scientific pursuits languished in a complete prostration. Saracenic influences excepted, this discouraging prospect is unrelieved even to the twelfth century. The school of Bologna, in the thirteenth century, added medcine to its curriculum of law and literature, in which departments it had already attained renown, and he who then walked the streets of that fair Italian city encountered professors who were physicians, surgeons, and occulists. But, even here anatomy was subordinate to surgery, having no recognition as a science *per se*. Early in the fourteenth century, the long-buried science is seen to stir, to assert its vitality and individuality, and to claim that its name be again placed upon the roll from which it had been stricken 1,200 years before. Not to weary you with a list of foreign names, it may be sufficient to say that the student who explores the records of anatomy from the death of Galen to the sixteenth century—1,400 years—will find that the Italians claim his attention as being the only nation engaged in anitomical researches, while all their neighbors were indifferent or unconscious. Just here comes upon the stage Vesalius, whose life reads like a romance. A Fleming by birth, his early training was French. At that time, France was sitting with her face towards the past, where alone, in her opinion, the valuable was located, and Galen was her *ne plus ultra* of medical high-priests. An utter lack of sympathy with the practical pursuit of human anatomy became aggressive as Vesalius labored, and he went to Italy as being more congenial, where he was successively a student at Venice, a professor in the universities of three classic cities, imperial physician to the courts of Charles and Phillip II., and defendant at the bar of the Inquisition; whence he narrowly escaped with his life, being sentenced to a pilgrimage to the Holy Land. Having been re-called to an Italian professorship, he was shipwrecked and died in extreme poverty. The man who is fairly entitled to be called the founder of human anatomy may well claim a more extended biography than this; especially, if it is remembered that his life and instructions generated a large school of anatomical disciples, whose labors raised the science of anatomy, in the

sixteenth century, to a relatively high pitch of excellence. To the general reader, a cursory glance at the records of the progress made in this and the two following centuries, would show a long list of worthies, each of whom contributed his quota to the illumination with which we are favored—a comparatively fair knowledge of the structure, situation and economy of the parts of the human organism. Harvey on circulation, Steno on structure of heart, Lower on lungs, Wharton on glands, Charleton on connection of arteries with veins, Willis on brain and nerves, and a long line of others, have led us far in advance of the position occupied by France in the sixteenth century, at which time, under Galenian rulings, practical anatomy began and ended with the dissection of the lower animals. From Comparative Anatomy, initiated late in the seventeenth century, and since pursued zealously and intelligently, from greatly improved means of investigation and discovery, from the institution of learned societies, we enjoy a light that, if not "fierce," seems bright enough to show us the way onward.

Medicine ante-dates anatomy; prognosis is older than diagnosis; the course and event of a disease were calculated long before the disease was recognized—given "a habitation and a name." In pre-historic times, there was a system of treatment, by an organized profession, that was the result of experience. Though medicine and surgery were originally indissoluble, it is not equally true that, in all countries, medicine owes its origin to religion. In ancient Egypt and India, priests practiced medicine, but Ulysses and Nestor were neither priests nor saints, though possed of considerable skill in surgery. The sick were carried to the temple of Æsculapius, (the god of healing), but this involves no necessary connection between medicine and religion; the priests of that temple were not physicians; they prescribed moral remedies rather than drugs, and it was in a dream that the patient received from the god himself the knowledge of the required remedy. Nor does the science owe its birth to philosophy, though Pythagoras, the philosopher, was a physician, as were some of his successors. It has been well said that, to Hippocrates (460 B. C.) is due the high conception of the duties and status of the physician; that the Hippocratic practitioner used his implements with marked artistic skill; that in the Hippocratic school is first perceptible the clear recognition of the fact that, disease, like life, is a process governed by laws that may be known by observation —laws that indicate the route leading to recovery, from which the physician who would save, must not deviate. Without knowledge of anatomy or physiology, dependent chiefly upon recorded observations in the mass, the result of the theory and practice of the school was habits of minute observtions and correct interpretation of symptoms, in which regard all other schools of antiquity were far excelled. Sydenham puts the case concisely, in saying of the practice of Hippocrates that, it was "the support of enfeebled and the coercion of outrageous nature." Merely saying of this eminent physician who towered high above his fellows, that he first sundered medicine from priestcraft, revolted against charms and incantations, scrutinized in the living subject the natural history of disease, and was a great clinical physician, in giving birth to whom the

times were very happily "out of joint," we may be assured that no other name will detain us so long as that of Hippocrates. The many-sided Aristotle went deep into anatomy, was an amateur physician, contributed greatly to the progress of medicine, and influenced in a marked degree the Alexandrian school, in which are found a continuation and development of the Hippocratic, and also anatomical inquiries and results that were in advance of those of the Greek—the original—school. In Alexandria, attention is arrested by the names of Herophilus and Erasistratus by whom an impetus was given to anatomy and physiology, and the dissection of the human body practiced, as well as the vivisection of animals. The former was reputable for his profound anatomical investigations; the latter and his school gave more attention to special symptoms of disease. In the same city, and about 300 B. C., a new sect was formed that, clinging to the practice of Hippocrates, slighted his logic and rested on experience alone; the basis of this being observation, and recorded observation judgement by analogy—these three forming the "tripod of the empirics." About this time, the term dogmatist was introduced, being applied to those who thought theory valuable, and that the physician should be acquainted with the natural actions and functions of the body. The influences of the Alexandrian school were, on the whole, salutary, and the progress made satisfactory. For more than 600 years after the founding of Rome, the study and practice of medicine within her borders was almost a nullity; Pliny says the Romans got along six centuries without doctors. If a medicine case was seen now and then, it was an import from Greece. Of the natives, Celsus was the first who wrote on medicine. He left behind him a valuable volume, containing a summary of the state of medical science up to and during his own time. Galen, already mentioned in connection with anatomy, is the prominent feature of the second century of our era. He gathered the isolated threads, crystallized floating knowledge, lectured, wrote, practiced his profession, and so successfully exposed the ignorance of his contemporaries and the "futility of their reasoning" as to put them to shame. In his life envied because of his superiority, branded as a dealer in magic, his system gradually grew in favor, becoming and continuing for centuries supreme. The *ipse dixit* of this "Prince of the Latin physicians" closed the mouth of argument during many generations—to follow in the path that he had blazed was safety—to imitate was better than to originate. He who reads the history of the interval between the death of Galen and the sixteenth century, observes medical science as a pool of water almost stagnant—slightly stirred at times—rather than a moving stream. An acquiescence in the old and a universal apathy, and utter withdrawal from publicity of medical literature by the destruction of the great libraries of Alexandria and Constantinople, are the characteristic marks of an era unrelieved by any important discovery. The writers of the Byzantine school were chiefly compilers; Arabian medicine was the Greek acclimatized, with a few Oriental additions.

In Arabia, anatomy stepped backward, surgery stood still, pharmacy advanced somewhat, skill in chemistry was obvious. From the fifth to the tenth century, the learning that was extant was housed in monasteries;

preserved, but not promoted. Another ripple upon the surface of this pool so broad and still, was caused (in the eleventh century) by a breeze blowing from Arabia, and in the thirteenth, fourteenth and fifteenth centuries universities arose, learning revived, and an impulse was given to medical activity. A strange figure—Paracelsus—attracts attention in the sixteenth century. Innovator and iconoclast, he learned thoroughly the old theories only to despise and slight them; made himself familiar with empiricism, adopted the wildest fancies of alchemy, introduced the use of mercury internally, and cured with antimony and opium. He rode over the barriers within which the medical schools and sects were intrenched, and "conceited, immoral, and dissipated" though he was, taught some highly valuable lessons. Having discovered a remedy for all diseases, that also secured immortal health and youth to his disciples, he died at the age of forty-seven years. "Physician, heal thyself" was obviously not his motto; as his epitaph, it might be deemed sarcastic. But little else marks the century except the introduction into hospitals of clinical instruction, in which the school of Padua took the initiative. The dominant factors in the seventeenth century were Harvey's discovery of circulation, the progress of physics, and a general spirit of inquiry. Clinics were brought into Holland from Italy, and it was observed that, with its advancement, Hippocrates grew in favor, while Galen declined. This hasty glance at the century shall be concluded by citing the words of Locke, the friend of Sydenham—the "English Hippocrates," whose eminent abilities and services claim a most favorable and elaborate mention. In a letter to Molyneux, Locke says: "You cannot imagine how far a little observation, carefully made by a man not tied up to the four humors (Galen) or to sal Sulphur and Mercury (Paracelsus), or to acid and alkali (Sylvius and Willis), which has of late prevailed, will carry a man in the curing of diseases, though very stubborn and dangerous; and that with very little and common things, and almost no medicine at all." Anatomists, physicists and chemists, laid the foundation of a fabric of medical science that has risen in fair proportions, and it is not unpleasant to reflect that the reform of practical medicine was effected by men who discarded hypothesis, and studied the natural processes as shown in health and disease—our opponents themselves being judges. The leading English physicians of the eighteenth century were to be seen grouped around a few beds in the hospital at Leyden listening to the teachings of Boerhave—here was the center of medical influence in Europe. Boerhave was essentially eclectic. A thorough student of Hippocrates and Sydenham, he gleaned in the fields of all his predecessors, selecting and assorting, and then exposed a new theory of medicine that was adopted throughout Europe, and predominated for more than half a century—thus establishing that his analysis was admirably supplemented by his synthesis. At the close of the eighteenth century, then, medicine had taken its place at the extreme right in the front rank of the sciences. The highest intellects of the world were intently engaged in demonstrating its theorems and solving its mysteries. The scenes were rapidly shifting; new actors were giving new versions of the old text; startling doctrines were enunciated, and fresh discoveries that jostled each other were announced; the

imagination of the past was distanced. In this confused whirl of innovation, progression, discoveries accidental and legitimate, Hahnemann stepped forth, and seldom, if ever, has history had occasion to record an advent more opportune than that of the man whom we all delight to honor. Disclaiming any intention to aspire to the rank of his biographer, one may venture to ask if it at all detracts from the merit of Hahnemann that Hippocrates said, five centures B. C., that the rule of Similia is, in some cases, true. What matters it that Heller and others afterwards corroborated this statement, and even went so far as to broaden its application, and desire that the rule be received as a law? As there is a difference between theory and practice, between the enunciation of a proposition and its demonstration, so we must concede that, whoever "planted," Hahnemann "watered and gave the increase."

Assume as the discoverer of this beneficent law of healing that lay during the ages, long undreamed of, then vaguely groped after, ignorantly touched and dimly seen—assume, we say, as the discoverer whom you will. Had Columbus been satisfied with declaring in European courts that the world is round, and that there must be, therefore, *terra firma* yet unknown; had he asserted without proving, would the new world not have waited in its darkness till the coming of one who should establish that theories never so fine and declamation never so zealous and impassioned need a supplement of incisive test, only to be furnished by direct and correct action? Had Hahnemann, as soon as he was satisfied of the truth of the principles of Similia by readings and observations, rested from his labors, instead of devoting himself with sublime energy, zeal, and skill to a demonstration that should satisfy the most skeptical, his name would now fall upon our ears without other significance than as that of an ingenious, audacious, and (possibly) correct theorizer. Was there, here and there, a solitary ray of light shivering in its loneliness, yet indicating a star however minute, Hahnemann focalized those rays, gathered others with supreme toil and skill, aggregated them into beams, traced them to their source, discovered a planet of magnitude that we call Similia. Samuel Hahnemann, derided, persecuted, covered with obloquy—you know his life—the then unrecognized genius and glory of his country and age, has been most magnificently vindicated. We have to congratulate ourselves and the world that he, the advance courier bearing news of a mighty amelioration of the curative art, now no longer needs defense or corroboration. Can there be a reasonable doubt that he is permitted to watch the wonderous growth of this tree—Similia—which is for the "healing of the nations?" Though the good that men do is often interred with their bones, so is it not with Hahnemann.

"After life's fitful fever he sleeps well;" with sublimest significance "his works do follow him." "Do you seek monuments" of him? "look around you," and see them; "more lasting than brass;" more impressive than "storied urn or animated bust." Our tribute is not needed, but we were impelled to lay a little flower upon the grave of one, whom a perfect consecration of the hig hest talents to the interests of humanity renders worthy of many flowers of love, reverence, and beauty. A Shakespeare only might attempt the eulogy of Hahnemann without temerity;

but no one would so quickly admit, as the grand master of song, that the fires of poetry are pale and ineffectual in presence of that rarest of all earthly transfigurations, to be witnessed in a life in which are blended a sublime genius and a love of humanity that is equally sublime.

Dr. Hasbrouck moved that the thanks of this society be offered to our President, Dr. Coburn, for his interesting address.

Seconded by Dr. Talcott, and carried unanimously.

Dr. Hasbrouck moved that during the rest of this session, each paper be discussed immediately after it is read. [Carried.]

The committee on credentials made a partial report, and on motion the society adjourned.

SECOND DAY—WEDNESDAY.

The society was called to order at 9:15 A. M., by President Coburn, and the Secretary nominated the following fourteen

Applicants for Permanent Membership.

J. W. Candee, M.D., Syracuse, a graduate of the New York Homœopathic College, 1879.

Edwin Fancher, M.D., Middletown, a graduate of the Boston University, 1883.

C. N. Guy, M.D., Maine, a graduate of the Hahnemann College, 1883.

B. L. Houghton, M.D., Greene, a graduate of the New York Homœopathic College, 1881.

Theodore P. Knapp, M.D., Union, a graduate of the Homœopathic College of Pennsylvania, 1854.

Clemence S. Lozier, M.D., New York, a graduate of the Central Medical College of New York (Syracuse), 1853.

E. B. Nash, M.D., Cortland, a graduate of the Cleveland Homœopathic Hospital College, 1874.

O. E. Pratt, M.D., Oneonta, a graduate of the Cleveland Homœopathic Hospital College, 1876.

C. W. Radway, M.D., Mexico, a graduate of the New York Homœopathic College, 1876.

James C. Shaw, M.D., Hoosick Falls, a graduate of the Cleveland Homœopathic Hospital College, 1881.

Jay W. Sheldon, M.D., Syracuse, a graduate of the Cleveland Homœopathic Hospital College, 1864.

*Silas S. Simmons, M.D., Susquehanna, Pa., University of Vt., 1860.

A. P. Williamson, M.D., Middletown, a graduate of the Hahnemann College, 1876.

Geo. W. Winterburn, M.D., New York, a graduate of the Electic Medical College of New York, 1875.

---

*Registered in Broome and Delaware Counties.

Under the rule, these were all referred to the Censors for action in February.

Washington Homœopathic Hospital Fair.

The Secretary read a letter from Dr. T. S. Verdi, of Washington, D. C., announcing that the National Homœopathic Hospital Association, of that city, proposed holding a fair, December 15th to 20th inclusive, with every State and Territory represented by a table, and requesting that we appoint a Vice-President and committee of influential citizens throughout the State to solicit and forward contributions for our table.

Dr. Houghton: I am in sympathy with this movement and think that our State should be well represented. I move that this matter be referred to the Executive Board with power to appoint such committee and Vice-President. [Carried.]

Dr. Houghton also moved that all papers by absentees be read by title, and referred to the Committee on Publication. [Carried.]

The Secretary announced that Dr. Laird, Chairman of the

BUREAU OF MATERIA MEDICA

was unavoidably absent, but had sent a paper which had just been received. By a vote of the society the bureau was re-opened and this paper read:—

The Neurasthenic Symptoms of Physostigma.

By F. F. LAIRD, M.D., Utica, N. Y.

If asked to name the malady peculiarly fitted to ruin the Christian temper of the average physician, I should unhesitatingly answer, *Neurasthenia.* Multiple in its symptoms, relentless in its persistency, the remedy which will control *any* of its phases is worthy of the most careful consideration. That we possess in the Calabar bean an agent of unquestionable value, I shall now endeavor to show.

Physostigma causes depression and final annihilation of the excitability of the ganglionic elements of the spinal cord. The irritability of the motar nerves remains almost intact, while the sensibility of the afferent nerves is rather heightened. Small doses retard the heart's action; large doses arrest it. From this action on the heart or from paralysis of the respiratory muscles, the respiration becomes sighing and labored. Great muscular weakness and actual paralysis are secondary results of its action upon the cord; fibrillary muscular twitchings are always present in poisoned animals. The tears, saliva and perspiration are all increased, and the temperature slightly elevated. The secretion of the gastro-intestinal mucous membrane is augmented and intestinal peristalsis intensified even to tetanus, with abnormal frequency of defecation. The pupils are contracted, and the voice sometimes completely lost.

Having taken this cursory glance at its general physiological action, let us study its individuality as seen in the provings. Nervous headaches stand foremost in the pathogenesis. They are chiefly located in the *forehead* and *vertex*, less often parietal or temporal, and sooner or later involve the whole head. The pains are characteristically *pressive, dull, stupefying*, more rarely sharp and darting in the parietal region; often attended by irresistible drowsiness. Expansive sensation in vertex. *In-*

tense painful pressure in vertex and both temples, the pressure in the vertex extending to the occiput; pain so severe as to compel lying down. Tired feeling in the cerebellum. These headaches are sometimes accompanied by a sensation as if a cap were pressed firmly down and a burning spot in center of forehead. Aggravation from cold air and change of temperature; open air; motion; *mental exertion*; morning and evening. Sometimes the pain begins on awaking in the morning and passes away in the evening. Should lachrymation, increase of saliva and perspiration be concomitant, Physostigma will certainly cure. Hayward, one of the provers, gives the following: "Have been suffering from a dull, pressing headache for nearly six months; comparatively free from it in the morning on rising, but increased by the least mental exertion, until at night, after retiring, it would become almost unbearable; accompanying the pain were sleeplessness and inability to stop thinking; in the course of an hour or two the headache would pass away suddenly, with a sharp radiating flash of pain, sometimes starting from the occiput and passing forward, at other times passing from before backwards; *this headache I found to disappear after taking this medicine.*"

Confusion and difficulty of concentrating the mind, "a mental exhaustion," with gloomy, irritable disposition are prominently pictured. The patient is in constant fear of becoming insane; looks tired in the morning, and is annoyed by twitchings of the nose and involuntary expansion of the nostrils. The whole left side of face may seem contracted. The conjunctiva may be congested with a dull, heavy expression to the eye; *drawing, twisting pains* in eyeballs with a film before the sight and twitching of the lids which *feel heavy; eyes feel weak, swollen* and sometimes burn; objects appear to have a tremulous motion; aching pain in posterior part of orbit, extending back into brain, aggravated by reading which excites nausea; severe, darting pains in eyeballs, relieved by pressure and by walking about, (a perfect picture of neurasthenic asthenopia).

Another symptom for which I have successfully prescribed the drug in three cases is, a *smarting, sore feeling on the end of the tongue which feels as if scalded.* This condition appeared to be unconnected with any disturbance of the digestive system—a *bona fide* outgrowth of neurasthenia. Associated with this were the headache, buzzing in the ears, (which were oversensitive to sound) and a feeling as if steam were escaping from the auditory canal, especially when lying down at night.

Sluggishness of articulation recorded in the provings, strongly reminds us of the "atonic voice" as described by Beard.

In the chest we find the hysterical "feeling as if a ball were coming up into the throat;" sighing respiration; violent palpitation of the heart with choking sensation in throat-pit; nervous motions all through the body and much weakness at the pit of the stomach; slow pulse.

Nervous feeling and tremulous sensation in epigastrium, with faintness and slight nausea, are well pronounced in the proving and quite often present in neurasthenia.

Flatulency annoys the patient and calls to defecate are abnormally frequent. It is to be observed, however, that some of the provers suffered from constipation.

The urine is increased, yellow or clear like rain water, and contains an excess of phosphates.

Frequent erections with but slight sexual desire may be present.

Suggestive of the "irritable spine" are the following: Inclination to stretch out the neck; stiffness of right side of neck; not able to move the head, with a feeling of drawing and tension; pain in back of neck, reaching to first dorsal vertebra; a peculiar pain across back of neck at base of brain, as if it were cutting off the body from the head, and that the latter would fall forward from lack of support, followed by pain all down the back of the neck, especially in the vertebra prominens, with drawing whenever the head was turned. Creeping numbness over back of head and all down the spine, especially worse between the hips. Stiffness and pain all down the spine. Soreness in lumbar region. Limbs weary and heavy with darting neuralgic pains in muscles and joints. Drawing, rheumatic pains and uneasy feeling in the arms. Tired feeling in arms with inability to use them; numbness. Cramps in the calves. Legs give way under him.

The physostigma patient is constantly yawning; the desire to sleep is sometimes so unconquerable that the effort to resist it causes nausea—or, as in Bell. there may be sleepiness without ability to sleep.* Insomnia or dreamy sleep is, however, no contra-indication.

Chilly sensations followed by heat with paroxysms of burning in palms of hands are well defined. Perspiration, local or general, is easily induced. The idiosyncracies so common in neurasthenia find expression in the characteristic symptom "*disgust for cold water in any form*"—the patient cannot drink it, neither will he bathe in it. The aggravation from atmospheric changes is also decided.

Vertigo, fidgety restlessness, wandering neuralgic pains, soreness and stiffness of the body—all have their prototype in neurasthenia. We also observe a peculiar symptom so often found in ataxia; when walking a momentary feeling as though going up, floating-like, with an unpleasant sensation as the foot again touches the ground. This symptom was very distressing in one of my neurasthenic patients, but inasmuch as the case recovered under electricity before my attention was directed to the Calabar bean, I am unable to say what curative effect the drug would produce.

The symptoms are aggravated in the early morning; by *mental activity; cold or change of temperature*, and by over-exertion. Amelioration in the open air; while lying down, and from closing the eyes.

The characteristic headache, the aversion to cold water and *the increased frequency of defecation* are the "three legs" which carry the careful prescriber in safety to the goal. *The tendency of mental exertion to produce nausea* is so peculiar and so strongly marked that we may also bear this "fourth leg" in mind as a reserve force.

---

* *Vide* "Case of Nervous Excitability—Physostigma Venosa," by E. B. Nash, M.D., in Transactions of 1875, p. 176.

DISCUSSION.

Dr. Groom: I would emphasize a symptom which Physos. has seemed to relieve, that is, rigidity of the muscles of the chest, and drawing in the back.

Dr. Nash: I have made a careful study of Physostigma, Picric acid and Phytollacca, they are very interesting remedies. I have been troubled with neurasthenia for many years. Twitching of the alæ nasi is a marked symptom in my case; Physostigma always relieves it in a few days. My pain across the lower part of the back has been met by Picric acid. I want to call attention to Phytollacca in the treatment of infantile diarrhœa accompanying dentition when Merc., Chamom., etc., fail. The stool is light brown with bloody mucus; the child wants to bite its gums on hard things, seems relieved by this.

Dr. Moffat: I wish to express my enjoyment and appreciation of this valuable paper. It is eminently practical and suggestive. In my eye practice I find Physos. closely allied to Agaricus and Jaborandi, which were forcibly suggested to me throughout this paper, a detailed comparison of the three drugs will amply repay careful study.

Dr. Houghton: Dr. Laird has put the society under obligation for this valuable paper. Study of it in connection with other remedies for this disease will well repay the time and effort. With many remedies at hand to combat disease we are apt to transgress nature's laws and go to extremes of endurance, thus living on a margin allowed by remedies and finally perilling our very existance. If there be any drug which gives a picture of the over-worked brain, it is Picric acid. As to Physostigma and Jaborandi, they disturb different sets of nerve centers; the one causing dryness while the other producess excessive secretion. I want to mention *Picrate of Lime.* It has not been published or proven. A patient debilitated from multiple abscess alternately required Picric acid and Hepar until it occurred to me to combine the two, since then we have used it a great deal and with excellent results, in cases calling for Hepar and Picric acid. As Hering used to say, we get the action of each drug, but intensified.

Dr. Hasbrouck: It was my pleasure to attend the meeting of the Pennsylvania State Society last year, where I heard an interesting paper by Dr. Hugh Pitcairn on Picrate of Zinc, based on provings and clinical cases. This drug had been found useful for spermatorrhœa, sexual weakness, etc. The report was corroborated by the experience of Dr. J. H. McClelland.

Dr. Houghton: All picrates are good.

Dr. Millspaugh: Oxalic acid has nausea from thinking, most of its symptoms are agravated by thought.

Dr. M. O. Terry: I am very sorry to have missed Dr. Laird's paper, and that he is not here. I have absolutely failed in getting any result from drugs in neurasthenia, or to find any remedy that will remove spinal irritation. The thermo-cautery changes the nutrition by acting as a counter-irritant; better results are obtained by it than by any other method.* Remedies have not sufficient strength to act upon this irrita-

*See the last volume of our Transactions.

tion of the back, and that of related organs which usually accompanies it. At the September, 1883, meeting I read a paper reporting twelve cases —none have relapsed. In one woman I failed to cure the sensitiveness of the spine, but she is better than she has been in fifteen years.

Dr. T. L. Brown: My experience in this disease is that I have been more successful without resorting to remedies than with. I order daily exercises of all the muscles of the body; thus by stimulating the circulation and respiration the tissues are restored by new nutrition.

Dr. Terry: Dr Laird has recently bought a Paquelin's thermo-cautery, and is using it extensively with great success.

Dr. J. M. Lee: Last year, at Ithaca, I listened with interest to Doctor Terry's paper on "Spinal Irritation." Up to that time I could not recollect curing a single case of that disease with remedies alone. Upon hints given by him I purchased as good a battery as I could find, and used the descending galvanic current, one to seven gravity cells, for from five minutes to one-half hour at a sitting. To relieve the tenderness, I applied the positive pole, according to Dr. Hammond, to the seat of pain, and the negative a short distance laterally. Paquelin's thermo-cautery was substituted by blisters over the sensitive vertebræ. With the above local treatment and careful selection of the indicated remedy I have cured, during the past year, fifteen cases. Strychnia Phos. was used more than any other remedy, yet Hyper. and Nux Vom. occupied prominent places. One of the most interesting cases cured was that of a young woman who "broke down" in 1879, during her last year at our free academy. Just before the close of the second year she had a cough attended by sharp pains through the chest. Felt very nervous during the day and sleepless at night; had pain in the spine and could not walk without much fatigue. During recitations the hands shook and slight mental exertion caused headache with clouded memory. Thinking that this condition was brought on by hard study, she went out of the city during vacation. The change, however, did not modify the diseased state. Shortly before the next term opened she was taken worse, and was confined to her bed seven weeks. Consulting physicians diagnosed lung disease, but disagreed as to variety. During the whole attack she had a hacking cough night and day preventing sleep. Nervous excitement was very marked and motility interfered with. At end of this aggravation of the disease the patient was able to go around the house, but not out of doors only in the middle of the day, and then for a slight amount of exercise. The neurasthenia contined. Her physicians said that she must not study. Still in 1880 she went back to school. Shortly after commencing her last year she found her disease advancing. Deathly faintness and vomiting followed every breakfast with clock-like regularity; often she was compelled to lie down to prevent falling in syncope. The menses were very painful, and there were spasms of the neck of the bladder accompanied with severe pain, causing great difficulty in urinating. Occasionally her Prof., Dr. Benedict, would send her home from the school-room to recruit, saying that she labored under great disadvantages. She completed the full year however, but frequently was compelled to stay out a whole week at a time, owing to

complete exhaustion. Patient was under the doctor's care but without apparent improvement. During the summer of 1881 she visited friends in Connecticut, where she was again taken much worse. A fearful disturbed state arose, and she scarcely knew what she said or did. A physician was called who said the disease was nervous exhaustion, and ordered the friends not to leave her alone for a moment. The spine was not examined, but tonics were given, and the back was rubbed with a liniment. After five months patient returned home quite improved, yet, as she expressed it, "very weak, and it did not take much to upset me." The disease did not change much until the winter of 1883, when she became "wretched." Could not sleep or control the thoughts. While in bed it seemed to her that the room was a moving mass, with here and there faces of men without bodies, hovering over her. Saw snakes coming out from under the bed, and if any attempt was made to get away from them, she would "grow stiff"—horror-stricken. After this passed off she would fall into a "dead sleep," and in morning awake more tired than when she went to bed. Patient grew gradually worse till last July, when she consulted me for supposed disease of the lungs, which even she doubted. A very careful examination showed the throat and organs of respiration to be absolutely sound; still she had an almost constant hacking cough. The cervical, dorsal, and sacral vertebræ were so sensitive that she would jump and cry out with pain when they were touched. And when the slightest excitement arose, and sometimes without it, all of the muscles of the trunk and extremities were apparently set in motion—a condition assimilating chorea. In three months, by means of the indicated remedy, aided by counter-irritation and galvanism, the patient has sufficiently recovered to admit of her taking a position as school teacher in Texas.

Dr. Houghton: I am glad that we have Dr. Terry as a balance wheel to check us who have a tendency to rely too much upon medicines alone; and I believe that he is benefitted by our influence as well. But the end is not yet, even after the counter-irritation; we must set right the patients mode of life, or we might as well try to cure a case of chills while the man continues to live in a swamp.

Dr. Terry: I use all the auxiliaries: exercise, rubbing, improving the general nutrition, and give the remedies indicated. Auxiliaries and remedies fail without the counter-irritation, and of this I have found Paquelin's thermo-cautery the best form. It is much superior to Dr. Lee's method (galvanism and blisters) in every way, and you will succeed with it when his method—which is very old, will fail.

Dr. T. L. Brown: Remedies have their sphere, and will accomplish what nothing else can, but we must reform the patient's mode of living so that the causes do not become active again.

Dr. Nash: The reason I fail to cure myself is because I am continually disobeying nature's law by overworking—as Dr. Houghton said; but I have perfectly cured some cases with internal medication, who obeyed my directions and did not backslide. I have no doubt that this thermo-cautery is a valuable adjuvant, and may afford temporary relief, but if any disease is curable by homœopathy this surely is; if not, why not?

Dr. Lee: I am a firm believer in the single remedy and accurate prescribing, but I do not consider this disease curable without local aids. My patient was treated by two of the most careful prescribers in our city, and probably had high and low potencies, evidently to no effect—as she mildly draws it—"might as well poured the little pills in a hole."

Dr. T. L. Brown: May I ask Dr. Lee a question?

Dr. Lee: Yes sir.

Dr. T. L. Brown: Will you be kind enough to state the pathological condition, and how your treatment alleviates?

Dr. Lee: The condition is spinal anæmia, but just how counter-irritation acts, I do not know, neither do I know of any one who does know. It does the work *most admirably*, therefore I use it. And furthermore, it seems to me that a man who will allow a patient to go along without treatment, or on the indicated remedy alone, and to sink into such a terrible state, when efficient means of treatment are at hand is not worthy of the name of physician.

Dr. Millspaugh: Mr. President, I rise to a point of order. The subject for discussion is physostigma, not the practice of medicine.

The chair decided the point to be well taken, and that the discussion was out of order.

Dr. Hasbrouck: I wish to call the attention of those present to the practical utility of attending the meetings of medical societies. Here is a physician (Dr. Lee) who says that he first attended this society last year at Ithaca, where he received information which has enabled him to cure since that time fifteen cases of a disease which had previously proven intractable in his hands. Surely, he has been repaid!

The bureau was declared closed.

BUREAU OF OBSTETRICS,

H. M. DAYFOOT, M.D., Chairman.

1. "A Clinical Review of Obstetric Cases," Mrs. C. S. Lozier, New York.
2. "Rigid Os," Merritt T. Dutcher, Owego.
3. "Three Abnormal Labors Consecutively in One Patient," J. M. Lee, Rochester.
4. * "Post-Partem Hæmorrhage," C. Judson Hill, Utica.
5. * "Two Cases of Long Retention of Placenta after Abortion," Thos. D. Spencer, Rochester.

A Clinical Review of Obstetric Cases.

By CLEMENCE S. LOZIER, M.D., New York.

It is almost or quite impossible to write an original paper on this important subject. There, are perchance, some few things in my long experience that I have found important and helpful which I have not

* Read by title.

seen in the books. In cases of "dry labor" the copious injection of warm olive oil or pure unboiled linseed oil into the womb. This must be done through a long or male gum-elastic catheter. Placing the patient on the left side near the edge of the bed, with her hips a little elevated, and the knees flexed, the catheter attached to the small tube of a Davidson syringe, or of a fountain syringe, can be passed over the right hand index finger (during the interim of pain) into the interior of the uterus and if possible, along the infant spine. I inject at least half a pint of oil with force sufficient to lubricate the child and the womb thoroughly. In any case of child-birth the rectum and bladder should be empty, especially if the os be rigid or unyielding. For this I always administer per rectum one teaspoonful of tincture Lobelia inflata, in a pint of warm water. This must be given before the oil is injected into the womb. This very harmless treatment gives more room for the hand if turning be required, and the oily lubrication gives more safety to the child and mother, facilitating the manipulation of the accoucheur. The relaxing effect of the Lobelia aids the action of Chloroform, if it needs to be given. I also find the Lobelia and warm water injections useful in retention of the placenta, it quickly expels it without the least danger of bad results. In my early practice vene-section and Opium were the only recourse of the profession for rigidity of the os. Soon after my graduation in 1853 *Hull's Jahr* was loaned me, which I read and purchased, also *Hahnemann's Organon* which led me to adopt the homœopathic practice, and as far as I am capable I follow the law of *Similia Similibus Curantur.* I love truth; facts in experience more than creeds.

Ladies and gentlemen, permit me to say: in my practice of fifty years, besides being the mother of seven children, I have delivered 3,400 women in child-bed without the loss of a single mother. I have had all the malpresentations known to the books—have performed embryotomy and craniotomy—have delivered six women of still-born children long dead in utero, two of which were skeletons. One was ten months from conception. It had been dead four months. This specimen I have presented to the New York Medical College and Hospital for Women, and any one desirous to see it can do so.

The patient, Mrs. H., æt. 32, was brought to me from a far Western city by her mother. The family physician had said to the husband that nothing ailed his wife but ill temper. She turned away her servants, and her husband left her. The neighbors who had known her for years as an amiable, excellent woman, wrote to her mother, living in New York, who immediately went to her daughter and brought her to me. Her face was covered with a very disgusting and troublesome eruption, eyelids inflamed and granulated. She complained of constant distress in the head, sleeplessness, dimness of sight and deafness, as she thought caused by retention of the menses, saying she had had a miscarriage in October 15th, 1881. Date of my first visit, May 17th, 1882. Her husband had not seen her after the flooding and miscarriage, as her physician termed it.

She had married this, her second husband, June, 1881. By her first husband she had a son, who was now ten years old, at boarding school. All her previous life she had enjoyed excellent health and was beloved

for her amiability of temper and good sense. After the October, 1881, flooding the menses failed to return till June, 1882, when I record the delivery of a male skeleton seven inches long. I infer that the family physician was mistaken or else, in case of twins, one must have been retained. After her recovery the memory and faculties had returned. She said she was sure she felt life in Feb., 1882. She came under my care May 17, 1882. Speculum revealed great congestion and ulceration of the os. The ulcer included the whole surface extending inside the cervix as far as I could see. I found very little offensive odor or discharge, from which I inferred the absorbents had diverted it otherwise. The sound gave a measurement of five inches. I diagnosed from the size and odor, retention of something abnormal, and injected the warm oil into the womb, about a tablespoonful, afterward applied a pledget of lint with, ℞ Sanguinaria, Gum Myrrh and Gum Arabic, aa, M., ft., pulv., and a tampon of marine lint. Gave a powder every two hours of carbo veg. alternating every hour with 20 pellets Nux, second week changed remedies giving the aqueous saturated solution of Ferrocyanide of Potassium sweetened with extract of Liquorice thirty drops every six hours; half hour before meals daily, continuing the Nux after each meal. Local treatment same every third day. First washing into the uterus a small quantity of olive oil. This was done with a paper sound, and then as before, ℞ Sanguinaria Can., Gum Myrrh and Gum Arabic, M., ft., pulv. She was taken in labor June 9th, about fourteen days after the first injections or washings of oil into the womb. The pains were regular with some flow and rigid os. Dilatation very small. Gave Pulsatilla and injection of one teaspoonful of Tinct. Lobelia to one pint warm water per. rectum, which soon terminated the labor and delivery of the skeleton spoken of. The placenta remained still attached by the umbilicus and was expelled together with the skeleton. From this time recovery was most rapid, Arnica^{100} internally, and Tinct. Arnica poured on a towel, wet with hot water, once or twice daily, first week, and second week China same potency, with a hot water towel with vinegar instead of the Arnica. Speculum examination 10th day, applied the above prescription daily till cured of all local ulceration. Dismissed cured, 17th of July, 1882, having been under treatment two months.

Case 2. Mrs. O., of Brooklyn, æt. 29; primipara. After 94 hours severe labor, and three doctors in consultation, a surgeon was sent for who delivered her by performing embryotomy. I was called twelve days after her delivery to give local treatment for a large abscess in her groin. Her famlly physician advised that pregnancy must not occur again. Two years afterward she was sent to me by her doctor for examination. I found her three months pregnant and advised delivery at seven months. The doctor gave the case to me. At six and a half months I injected the womb with about half a pint of warm olive oil, followed by one quart of warm water. At the end of the seventh month, fourteen days after the injection, labor and natural delivery occurred. I was telegraphed at 1 o'clock P. M., reached her at two; at 3:30 she was the happy mother of a perfectly healthy daughter weighing seven pounds. The child nursed its mother. Mother and child did well. I saw both when

the child was seven years old. This case is similar to several others. I have never lost either mother or child when delivered in this way at seven months. In Mrs. O's. case I simply used the female tube of Davidson's bulb syringe. Placing the patient near the side of the bed on her left side, with the knees well flexed and hips a little elevated. A square of rubber sheeting to protect the bed, with one corner reaching over into a pail to catch the oily water as it runs out of the womb. I place the oil in a bottle stood in a wash bowl of very warm water; first injecting oil, I remove the bottle and continue the injection of the water till about a quart is used. It passes in and out without giving much of any pain or inconvenience. I wish to impress the fact that it takes fourteen days for this operation to produce its effect. After waiting fifteen days in one case, I repeated the injection, and the labor, in this instance came on almost immediately. In premature deliveries I see too much haste advised by the books, and also in the practice of other surgeons, which I very much deplore. Haste and violence cause disaster in all such cases.

Case 3d. Mrs. W., of Connecticut, four months and a half pregnant with first child. Suffering with dropsy (anasarca) with symptoms of hydrothorax; the urine albuminous. Was operated upon as I have advised by a friendly physician from Boston. In two weeks after the operation a five months child was delivered. Of course the mother only was saved. Subsequently she recovered from the kidney trouble, and after two years, when I last saw her, she seemed quite well. In this case the injection was only given once and without medicine, except a simple cup of motherwort tea taken at bedtime during the interim at her mother's suggestion.

A child immediately at natural birth turns on its right side. If not it should be directly turned in that position, with the head and shoulders a little elevated. This favors the closing of the valve of the foramen ovale in the heart, so that the circulation becomes more perfectly changed from fœtal to post-natal. Thus the ventricles propel the blood to the lungs, preventing the danger of blue sickness (cyanosis). I have several times been called in consultation, in cases of sighing, blue spotted babies and always have found them lying on the back or left side. Turning them on the right side, loosening the clothing and gently passing my hand over the spine, bathing it with brandy or a little oil, the sighing would instantly cease and by keeping it on the right side as much as possible, the venous and artereal blood would cease to mingle and the blueness soon disappear. I wonder so little is said or written about this important care of new-born infants. You will see in an appendix to the recent editions of Prof. Dewee's Midwifery an article agreeing with these views. It was not till twenty years after I discovered and practiced this care of new-born infants that this appendix came to my notice.

The umbilical cord must not be severed till pulsation ceases. While it continues, the child is still nourished from the mother and fœtal circulation is kept up. Turning the infant on the right side, giving it pure air to breath, soon changes this. Placing the mother in a restful position by lowering her head and shoulders, if they have been too much elevated, a few minutes rest or delay does no harm when pulsation ceases. The cord must be tied twice; to save danger to both mother and child. The

cord turns white about six inches from the infant so that gives room for both ligatures. Cut between them. That toward the mother saves not only the bed from a pool of blood as the books nicely teach; but saves the strength of the mother, and renders the placenta more detachable and expulsive. Then if the pulsation in the cord has ceased there remains no blood in it, so that a ligature cannot harm the child. Neglecting this was the only cause of one infant's death that I have witnessed. The doctor had gone away when a call for me to come quick, hurried me across our street only in time to see a long-wished for, only little one breath its last.

When the family physician arrived on the scene he too was shocked, but nothing could save the sorrowing parents reproach of his neglect. The child lay in a pool of blood. This young doctor had tried a new experiment. A student of mine was not long since called to a similar case, but she was in time to ligate the cord and save the child.

The disuse of the obstetric bandage, I am sure is, causing sleeplessness and extreme unrest to the tired, weak mother. In two cases coming under my observation it has caused puerperal mania, at least I could diagnose no other cause. One case was that of my own dear sister who died insane, leaving her boy of seven weeks to his broken hearted father. The other case whose babe is five months old, is at present under my care, a most difficult case. Her husband is a young doctor and by our combined skill, so far she has been saved from the lunatic asylum. The babe has been kept away to nurse.

Ladies and gentlemen, remember a ligature is not a bandage. Permit me to show you a very perfect, simple bandage, and show you also how it must be applied and fastened. A straight piece of muslin long enough to reach around the largest part of the hips, and about twenty inches wide, a little gored above the crest of the ilium, to fit to the waist line and placing the ungored half down well over the hips and nates below. Then pin closely from the bottom up, smoothly, but not too tight. This should be always unpinned a few pins when the bed-pan needs to be used and repinned after its use. Be sure and have three or four of them to change daily for the first days after confinement. For summer use thin ones.

DISCUSSION.

Mrs. Lozier in response to questions: Cotton is very injurious, painful and heating, left over an ulcerated surface. I cover the ulcer with lint or linen with the dressing of Sanguinaria, Myrrh and gum Arabic. If a tampon is needed, I use sponge, or cotton, or oakum, covered with linen, attaching a strong string with which to remove it. The lying-in woman is protected from catching cold in the breasts by a three-cornered silk handkerchief pinned under the night dress at the shoulders so that the third corner, between the breasts, covers the sternum. For caked breasts bathe the mamma with ℞ Kali Iodati ʒi, Aquae O. ii., and give one teaspoonful three times daily. We have used this treatment for the lying-in woman's breasts for twenty years successfully. For nodulated callous breast—indicating cancer—or to soften the callus of mis-set fractured bones, the following treatment will be found beneficial:—

℞ Kali Iodati, ʒi.
Iodine grs., x.
Cerate, simple, ℥i.

Mix.

Apply daily and cover with black silk. If this causes too much smarting omit for a day. At the same time give compound syrup of Stillingia with Kali Iodati one drachm to the quart, one teaspoonful three times daily.

Dr. Millspaugh: What is the "Red Powder" of which you speak.

Mrs. Lozier: Equal parts of Sanguinaria, gum Myrrh, and gum Arabic.

Dr. Millspaugh: I move that the Publishing Committee substitute this formula for the term "Red Powder" when printed, that those who read may know what is meant. [Carried.]

Dr. Terry: I wish to raise my voice against procrastination in mammary indurations. Certain remedies will reduce many of them, but the real fibro-adenoma is dangerous and should be removed promptly before cancerous tissue is developed. I do not admit that there is a cachexia until the cancer has developed; adenoma and fibroma are merely local difficulties with no diathesis.

Rigid Os.

By MERRITT T. DUTCHER, M.D., Owego.

Properly the beginning of labor is the beginning of dilatation of the os uteri. From over distention of the womb in the later months of pregnancy, the internal os becomes obliterated, and the external os is the whole support left to retain the fœtus in the womb.

As the term of gestation draws to a close this last support gives way and as the fundus of the womb contracts on the fœtus, the cervix yields and delivery takes place. This follows when all the parts are healthy, The outlet of the pelvis being proportionate in size to the size of the fœtus and the presentation being normal. But in practice we find a multitude of variations from this. From the position of the fœtus when the mother is in an upright posture, the force will partially pouch down the anterior position of the womb and when the os is rigid the labor pains may force the child down to an extent that we are unable to reach the cervix with the finger, in a digital examination, but come in contact with this pouch formation of the womb.

Again by force of labor pains the child not finding sufficient outlet is forced out of position and we find the head at one side which causes its impingement against the walls of the pelvis and we have an abnormal presentation. Great care should be taken in the first hours of labor to keep the mother quiet, as nervous excitement often prevents uniform contractions.

There should be no haste. The mother should be instructed not to force the bearing down pains until there was sufficient dilatation for them to be effectual.

There should not be too many nor too long continued digital examinations. The nervousness of the mother is greatly increased thereby, and there is also a similar tendency to contractions in the cervix as there is in the fundus caused by touch. The process is called kneading when applied to the fundus of the womb. All muscular fibres are more or less sensitive to the touch, and will contract under pressure.

After the head is perfectly engaged and by the nature of the pains we know that the dilatation is nearly or entirely complete, we may then aid very largely by preventing impingements of presenting parts; this is allowable.

Proper remedies should be given to control the direction and persistency of pains, as the force in some cases appears to be expended on the back and limbs, or will affect the stomach and be flashy and yielding. Lack of coördination in contractions will produce hour-glass contractions of the womb. Belladonna will remove this tendency and will also strengthen and prolong the pains when they are flashy.

Gelsemium will control the tendency of pains to go to the back or stomach. Pulsatilla is good when pains go down the limbs.

When we find a persistent contraction of cervix, Opium in appreciable doses will give the mother rest, and will aid in relieving the cervix. When labor is resumed we have the advantage of trying it over again; and this time the chances are greatly in our favor that the pains will be effectual.

In addition to remedies there should be no delay in the use of the forceps, as it is preferable for the mother to have some strength left for recovery, and not to exhaust it all in the vain endeavor to expel the child unaided.

Case of Mrs. L., æt. 22. Labor eighteen hours; was first called at 6 o'clock, A. M. Labor appeared to progress satisfactorily until 12 M, when there appeared to be a marked retraction of the fœtus during interval of pains, each succeeding pain only gaining the amount of retraction.

At 3 P. M. I made a digital examination and found there was nearly a complete dilatation of the cervix, and the head appeared to be well centered. I could detect no impingement, yet at every interval of pain the child would recede as much as it had advanced during the pain. I then called Dr. Greenleaf, and requested him to make an examination, which he did about two hours after mine. He turned to me and said the case was plain, that the head was being forced down pouch like beside an undilatated cervix. This not agreeing with my examination, I made a second one and found the doctor correct.

Here we had not only a retraction but a partial reclosure of the cervix. Dr. G. advised giving one-fourth grain of Morphia, which quieted the excessive nervousness and a perfect dilatation took place; head was centered right as before, but the labor did not progress any better than it had from 12 to 3. There was a plain retraction as before. At 10 o'clock I again called Dr. G. and he applied the forceps and delivered; when the cord was found to be twice and one-half times around the neck and the child still-born. The placenta was in the lower womb and easily delivered.

The difficulty here was due to the shortness of the cord, and the consequent tension on the fundus of the womb preventing regular contractions. There was every evidence of the life of the child up to the last hour of labor. It would have been unsafe to have kneaded the fundus of the womb thereby expelling placenta and child together. It would have been sure death to the child from the blood coming from the open sinuses of the womb. The only thing practicable was to apply the forceps and deliver as soon as possible.

In every case nature should be allowed time to do her own work, every attempt of ours to improve on it is a failure. But in cases where, if left to themselves, mothers would die in the attempt, we must aid in every way in our power. Promptness in the diagnosis of the condition is imperative and every means in our power should be used as promptly.

The many nervous elements producing obstructions in delivery should be carefully studied. There may also be hindrances from the presence of abnormal growths or from cicatrices following old ulcerations.

Placenta prævia may demand a hasty and forcible dilatation of the cervix to prevent fatal hæmorrhage. If we can hasten down the child's head we may succeed in partly closing the open sinuses of the dilating cervix by pressure. All possible complications should be thought of, and then if one or more make their appearance we are the more ready to meet them.

Three Abnormal Labors occurring Consecutively in the Same Patient, viz., True Hour-Glass Contractions, Shoulder Presentation, and Placenta Prævia.

By J. MALLORY LEE, M.D., Rochester.

July 3d, 1880, I was called to attend Mrs. B. in confinement. Just before reaching the house, one and one-half miles distant, a messenger met me, who informed me that the labor had successfully terminated and that my services were not needed. However, on returning from a call in another part of the city, I was informed at the office, that her husband had left an urgent call for me. My wife, inquiring into the condition of the patient, had sent him after the nearest doctor.

On arriving at the house, I found her in a critical state. The bed on which she was lying was saturated with blood, which had run through the straw-tick, and formed large pools on the floor.

The almost pulseless wrists, and pallid countenance bathed in cold sweat, she being unable to see or hear anything around her, were symptoms too significant of the imminent danger. Without waiting to remove coat, or even cuffs, I siezed the cord with the left hand, while the right on the abdomen found the uterus formed into two tumors. The largest and superior one contained the adherent placenta, while the smaller was joined to it by a kind of neck. My hand guided by the cord was passed up through the os and on to the second constriction, and then as before first one finger and then another was introduced, gradually and carefully

dilating the strictured parts as they entered, till the whole hand was insinuated. I completely detached the placenta, allowing it, together with my hand, to be pressed out by uterine contractions, which were stimulated by the external hand. While peeling off the after-birth it imparted to my fingers a feeling like that of shot, which later proved to be calcareous deposition.

Just here, Dr. S., who was called in my absence, arrived and afforded valuable assistance. We removed the pillow from under the head and elevated the foot of the bed, also the legs and arms of the patient, thus allowing the meager blood supply to gravitate toward the vital centers. We then made use of brandy as a stimulant, while egg and milk were given for nourishment. Under the effect of the appropriate remedies, with nutritious diet, she made slow but good recovery, only to go through another abnormal labor in about seventeen months.

Accordingly, December 30th, 1881, I was again summoned by her husband in the middle of the night. He said that his wife had been sick all day and part of the night before, but the pain "did not do any good." On questioning him, I learned that the waters had been discharged in the early part of the evening.

When I reached the house I found the patient suffering from almost constant pains. An examination revealed the presence of a hand in the vagina with the palmar surface to the symphysis and thumb turned to the right; shoulder presentation with first right cephalo-iliac position.

"The contractions of the womb assumed tetanic character." As Milne expresses it, "The child was encircled and clutched, almost as in a vice." I at once informed the friends of the exact condition of the patient, and explained to them without reserve the necessity for interference, and the danger to child, if not already dead, as well as to the mother.

The case being urgent—having now been left too long, the friends wished me to proceed without waiting for council. I acquainted the patient with the fact that labor could not go on without artificial aid. In the meantime the rectum and bladder were evacuated preparatory to the operation of turning. The patient was placed in position, chloroform given, and podalic version effected in the usual way, but with great difficulty, owing to the spasmodic contractions of the womb, and early escape of the waters.

The hand when first introduced became so benumbed that I was compelled to withdraw it. The second time I was able to reach the side of the knee, but not to grasp it. Feeling my hand becoming rapidly useless, the blunt-hook was passed along the side of my arm to the opposite side of the knee, and the point made to pass under the knee and meet the end of my finger, enabling me to turn.

The version being completed, the patient was straightened around in bed and the labor left to natural efforts principally. The placenta as before was adherent; on being detached it was again found to be studded with calcareous nodules.

Nothing remarkable disturbed the happiness of this patient, so far as I know, until January 26th, 1883. On that date I was called to see her in great haste. Her husband said she has been flowing at times during

the past two weeks, but now she is in labor, and the flooding is alarming. I immediately went to the house. Truly the appearance of the patient and surroundings indicated excessive hæmorrhage.

The examinations showed that the placenta had been attached directly over the cervix, but the expulsive efforts of the uterus had detached two thirds of it, while the other third remained firmly adherent. Consequently the head descended slowly, and gushes of blood accompanied every pain. The after-birth was removed, as far as possible, and the forceps applied without the usual preparation of the patient. An assisttant gave a full dose of Ergot to secure permanent contractions, and a healthy boy was promptly delivered. The remaining portion of the placenta was removed, and the third time found to have undergone calcareous degeneration.

The remarkable features in the three labors are, that the placentas were found more or less firmly adherent, and that calcareous or gritty materials existed in their substance; also that the introduction of the hand into the womb, did not, in this case, prove so dangerous a proceedure as some authors represent. Indeed I never hesitate to introduce my hand into the uterus when the proper time presents, and circumstances demand it, and of the many repetitions in my practice I have yet to see the first untoward result.

These unusual labors, in this unusual patient, again teach us the lesson that it is bad policy for patient, as well as laborious for physician, to wait until the last moment before calling medical aid. And on leaving the house I informed her that if she again become pregnant, she must employ me in due time, or get some other doctor.

Post-Partem Hemorrhage.

C. JUDSON HILL, M.D., Utica, N. Y.

Hemorrhage after delivery is one of the most trying and dangerous accidents connected with labor.

Its sudden and unexpected occurrence after labor is supposed to be terminated, has an alarming effect upon the patient, who is in a few moments placed in the greatest of danger; and it taxes the skill and resources of the accoucheur to the utmost.

It is therefore important that the physician should make himself thoroughly acquainted with its causes and treatment. He has no time for consultation, as the case demands prompt and skillful action.

The causes of hemorrhage as given by obstetricians are generally avoidable if the accoucheur is attentive to his duties, but sometimes will occur even with the best attention.

Among the causes which may be given, is the habit of some physicians of expediting labor, by hastening the expulsion of the placenta without giving sufficient support to the fundus uteri, which, if done, would bring on regular and firm contractions of the womb, and expedite its expulsion.

It has been my practice to always make firm pressure over the fundus

and secure proper contractions of the uterus before attempting delivery of the placenta. By so doing, I have rarely met with a case of severe hemorrhage. Those which have occurred in my practice were apparently unavoidable.

Uterine inertia may be stated to be one of the frequent causes of hemorrhage, often caused by prolonged and tedious labor. The uterus becomes fatigued by its prolonged efforts at expulsion of the child, and remains in a relaxed condition favoring hemorrhage.

Over-distention of the uterus by twins, or an excessive amount of liquor amnii often causes inertia, and in such cases the physician should be always upon his guard to prevent the occurrence of hemorrhage.

Other causes are, irregular uterine contractions, hour-glass contractions, placental adhesions and constitutional predisposition.

Playfair says in regard to the latter, "It must be admitted that there are some women who really merit the appellation of 'flooders,' and who do what we may, have the most extraordinary tendency to hemorrhage after delivery."

One of my cases will come under this head, the patient being constitutionally predisposed to hemorrhage after childbirth.

The signs and symptoms may occur immediately after the birth of the child and before the expulsion of the placenta, or not until sometime afterwards, when the contracted uterus has again relaxed.

It may commence gradually or suddenly. In the latter case, it may come on with a gush and the patient and bed be deluged with blood before assistance is rendered.

In such cases, if we place the hand upon the abdomen we will miss the firm, hard and round tumor of a well contracted uterus, and in its stead will be found a soft and flabby tumor, and sometimes we shall be unable to make out its contour at all.

If the hemorrhage be slight, or if we succeed in arresting it at once, no serious difficulty will follow. If we do not succeed, exhaustion will follow, and sometimes extreme collapse or syncope be the result.

In regard to treatment, Dr. P. F. Mundé considers preventative means as really the important point in the consideration of the treatment of this accident.

He gives the following rules, which are recommended by him, and if carefully observed, he believes that a serious case of post-partom hemorrhage would be rare:—

"I. Always keep the supporting and compressing hand on the fundus uteri from the moment the head appears at the vulva until the placenta has been expelled.

"II. Do not hasten the expulsion of the placenta too much, but by steady and gentle friction of the fundus, endeavor to secure its total spontaneous detachment, the occurrence of which can easily be detected by the uniform firm outline of the contracted uterus on palpation.

"III. Always watch the uterus by the hand, using gentle friction for at least an hour, at intervals, before leaving the patient.

"IV. Always give Ergot by the mouth as soon as feasible after the birth of the child, and if the labor has been unusually tedious, or if Chlo-

roform has been given for an operation, give the Ergot hypodermically, injecting to the depth of an inch near the umbilicus. It is well," he advises, "to have the hypodermic syringe ready filled for every labor.

"V. Always have hot water on hand.

"VI. Always make sure that the uterus contains no coagula."

If hemorrhage occurs, every possible means at hand should be resorted to to check it. He has found vinegar serviceable in many cases; again hot and cold water; friction and compression have been employed. In some cases he has injected a solution of Persulphate of Iron, largely diluted ℥iij to ℥xii–xv of water. This procedure he considers a dangerous one, and should be tried only where a fatal termination is imminent. The blood clots should be first removed, otherwise the iron solution will cause them to coagulate into a hard mass.

Dr. L. B. Wells, our venerable friend and co-laborer, and Dr. I. E. Taylor recommend the following method of procedure as a means of preventing hemorrhage in all cases. It consists in delivering the head and shoulders as usual, and then *retarding* the delivery of the breech for a variable time in order that the feet may excite the uterus to contract.

The cold douche is recommended by many practitioners, but it is objectionable on account of its flooding the bed with water and causing the patient to have a chill, thereby rendering her chances of recovery more doubtful. Hot water is only useful when the placenta has been expelled, and even then, valuable time may be lost and fatal results follow.

Dr. Fordyce Barker advises the use of Chloroform in women who are liable to hemorrhage, considering it one of the best measures for preventing it; as thereby the exhaustion and loss of nerve power, which in many cases is the cause of hemorrhage is prevented, although he exercises the utmost care to prevent the occurrence of this accident, by following up the uterus by manual pressure and administering Ergot immediately after the expulsion of the placenta, to secure firm contractions of the uterus.

He also advises the use of Ergot in combination with Iron and Nux-Vomica in cases where involution has been retarded on account of post-partem hemorrhage.

Dr. J. W. McLane advises that the patient be placed upon her back, and near the edge of the bed; the foot of the bed to be raised from twelve to eighteen inches, and the pillows removed from under the head, thereby causing the flow of blood upwards to the chest and head. If the bladder is full, empty it, as a full bladder diverts the nervous force to itself. The hand is then introduced gently into the cavity of the uterus and all clots removed; the introduction of the hand also stimulates the uterus to contraction.

Uterine pressure and friction are also resorted to, but without violence, and kept up for a time by gently kneading the uterus, with the endeavor to promote contraction of the organ.

Ergot, cold, heat, Alcohol, Ether, etc., he finds all appeal to the nervous system, and through it cause the uterus to contract. If cold is employed, he advises a piece of ice carried up into the cavity of the organ with the hand and rubbed over the surface, or slapping the abdomen with a towel dipped in ice-water are in his opinion the best methods of applying

it. If the above means fail, he resorts to hot water, temperature of 112° to 120°, which is thrown with gentle force into the uterus with a Davidson's syringe. In doing this he suggests that the water be thrown no faster than it can flow out of the cervix by the side of the nozzle of the syringe, otherwise, it may pass through the fallopian tubes.

Stimulants are also administered at the same time, hot brandy and water is given in small and frequent doses.

As soon as the smart hemorrhage has ceased our endeaver should be directed to restoring the patient. Everything that has become wet and soiled is removed from the bed, so far as this can be accomplished without disturbing the woman. She is then to be wrapped up in hot blankets, hot bottles applied to the feet, ether administered hypodermically and hot brandy and water at intervals until patient rallies. Positive directions should be given that the patient must not be permitted to move, or otherwise disturb herself for a period of ten days or longer.

Dr. Goodwin observes, "that from the several experiences in the use of hot water, the following results have been obtained:—

"I. In cases of sudden and violent hemorrhage in a strong and plethoric woman, it is better first to use cold.

"II. Where from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of hot water injections is rapid and remarkable.

"III. In nervous, depressed and anæmic women, hot water may at once be injected without previously using cold.

"IV. In cases of abortion where, from uterine inertia, the ovum although separated from the uterine walls, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

"V. Where the injection of the iron solution is considered necessary, previous injection of hot water clears the uterus of clots, etc., permitting the fluid to come directly into contact with the bleeding surface, and lessening the chance of septic absorption."

Having given a synopsis of the causes and treatment given by some of the best physicians, I will add a few cases which came under my own observation.—

Case I. Mrs. G., aged 40, multipara, nervo-bilious temperament. Subject to fits of insanity, was insane during pregnancy and confinement. This case was attended by another physician, who had succeeded in delivering the child, when in an insane paroxysm the patient jumped out of bed and with her own hands attempted to extract the placenta; result was that she broke the cord and profuse hemorrhage occurred. I was called, and taking in the situation of affairs, ordered the woman to bed. She obeyed me, but had to be held by four assistants. I placed one hand upon the abdomen to steady the womb and introduced the other into the womb and extracted the placenta entire. Hemorrhage ceased at once, but the patient was in a state of collapse. Stimulants and beef tea were administered; Ergot given to maintain contraction. In a few hours patient rallied and convalescence took place without any untoward symptoms.

Case II. Mrs. H., multipara, aged 35, sanguine temperament, had

a comfortable labor of about three hours duration. The placenta was delivered without any trouble, and womb contracted firmly, pulse good, and there were no indications of hemorrhage when I left the house, half an hour afterwards. Before I left the patient, instructions were given the nurse not to disturb the patient for five or six hours. About one hour afterwards I was called in haste and found patient flowing profusely, and almost in a state of collapse. Pulse rapid and hardly perceptible, respiration quick and patient gasping for air. I ordered the windows opened, patient to be vigorously and persistently fanned, and ice procured. Grasped the uterus firmly with the left hand, and with the right introduced into the womb removed the clots; directed the nurse to administer Ergot in drachm doses of the extract, and ice was introduced into the vagina and womb. Brandy was given freely and in a few moments the hemorrhage ceased and womb contracted firm and hard. On inquiry I ascertained the cause to be a disregard of the nurse to carry out instructions, but soon after I left the patient, she removed the soiled clothes and washed the patient. The exertion and exhaustion due to the nurse's manipulations caused the hemorrhage which nearly destroyed the woman's life.

In a subsequent pregnancy this same woman had three attacks of hemorrhage. The first one occurred about the third month, the second at the sixth month, and the last at the eighth month. The hemorrhage was easily checked by rest in the recumbent position, and the administration of Ergot and Hamamelis in small doses, with an occasional dose of Opium to control the contractions of the uterus. At her confinement she escaped a serious hemorrhage by strict attention to the rules mentioned above, and convalesced without any subsequent hemorrhage.

Case III. Mrs. S., multipara, aged 26, sanguine temperament, subject to hemorrhage after delivery. Labor commenced early in the morning, but did not make much progress until about eight o'clock in the evening, when the pains became more frequent and I ruptured the membranes. The second stage of labor lasted about an hour. The pains were strong and persistent, scarcely any interval between them. Anticipating trouble from the former history of her case, I had everything prepared and convenient for use, and the nurse instructed what to do in case of emergency. It was well I did, for no sooner was the placenta delivered than relaxation alternate with contractions took place, accompanied with severe after pains and profuse hemorrhage. Ergot in drachm doses was given after the child was born and before the placenta was extracted, but it failed to act promptly.

I grasped the womb with the left hand upon the abdomen and with the right removed a clot that half filled the vessel. Ice was not to be obtained. I passed a cloth wet in vinegar into the womb and applied it to the whole inside surface. Under that, with the compression kept up for an hour or more, and the use of Ergot, brandy and ammonia the patient rallied.

When the hemorrhage occurred, the head was lowered and limbs elevated and the patient given all the air possible, and fanned persistently. Pulse was rapid and almost imperceptible, respiration rapid and patient in a state of collapse.

Had I not been acquainted with her history and prepared for the emergency, I think it would have been difficult to have saved her life.

Her subsequent recovery was somewhat retarded by malaria which she had contracted in the South where she had lived.

Case IV. Mrs. G., primipara, aged 30, nervo-bilious temperament, was confined by Dr. M. O. Terry. Labor was tedious and the doctor delivered her with instruments of a child weighing about twelve pounds. The placenta was enormous, being about double the usual size. She was taken immediately with a hemorrhage. I was called, also Dr. W. H. Watson. When I arrived I found the patient flowing freely and sinking rapidly. I immediately grasped the womb and by gentle and persistent manipulations succeeded in causing the womb to contract, but the contractions would not last but a few minutes when relaxation would recur. We removed the clots and irritated the womb by the hand in the uterus, and the other upon the abdomen. Ergot in drachm doses was given, but the patient was not brought into a safe condition for nearly eight hours. She had to be fanned persistently for several hours and all the air given her that was possible. Stimulents were given and finally the patient rallied and made a good recovery, although at one time it looked extremely doubtful.

Two Cases of Long Retention of Placenta After Abortion.

By T. D. SPENCER, M.D., Rochester.

The following cases are important, as having a practical bearing upon the treatment of abortion, and illustrate how long the placenta may be retained in utero after escape of the fœtus unless removed by early manual interference. They also point to a moral, viz.: "meddlesome midwifery" may sometimes be good. I am induced to report these cases for two reasons; first,—because I believe the waiting or expectant plan of treating abortions, a method employed by many of our profession, to be dangerous. Secend,—the uterine curette, and placental forceps in reasonably skillful hands are according to the best of my knowledge and belief, fraught with much less danger than is generally attributed to the use of these instruments.

Case 1. Mrs. H., a laundress, was pregnant for the second time, four months advanced. She concluded not to have this child, so after repeated efforts with drugs, etc., she at last succeeded in producing a criminal abortion by puncturing membranes. An allopathic physician was sent for who attended the case. After several hours the fœtus was expelled, followed a few hours later by a substance which the attending physician pronounced placenta, but which in the light of subsequent events must have been coagulated blood, at any rate the hemorrhage continued, with the exception of short intervals, for fourteen days unabated, in spite of all efforts to control it. Ice was employed externally and internally, the vagina tamponned, Ergot, Iron and Quinine given in massive doses; whiskey and brandy without restriction, all with no effect so far as hemorrhage was concerned. Finally after the woman had flooded for

two weeks, the physician resigned the case, or was discharged, and I was sent for. I found the patient in a pitiable condition; white to the lips, with dyspnœa; yawning; fainting; cold, clammy surface; rapid, thready pulse; in short, all those alarming symptoms attending profuse hemorrhage. On digital examination I found the os uteri contracted so closely that the index finger could not be introduced, the womb anti-flexed, and seeming to me larger than it should be, even after a four months' abortion. I therefore surmised that the placenta had not been expelled, and intimated my suspicions to her friends, who were strenuous in urging that the secundines must have come away, as both they and the former attendant had seen the afterbirth.

Determined to satisfy myself as to the true condition, I introduced tupelo tents, holding them in place with a carbolized cotton tampon. On the following morning I found the os uteri standing wide open. Digital examination revealed a soft, fleshy mass, occupying the uterine cavity and firmly attached to its internal parietes.

With curette, scoop, and placental forceps, I succeeded in removing a well organized placenta, normal in appearance, and non-putrescent. This last condition was fortunate for my patient, otherwise she might have died from septicæmia.

The after treatment consisted of intra-uterine carbolized injections, nourishing diet, and the indicated remedies. After a somewhat tedious convalescence a good recovery was effected.

Case 2. Late in the evening on May 30th, 1884, I was summoned in haste to the bed-side of Mrs. R., a previously robust German woman, thirty-seven years of age, and the mother of six children. I found her in very much the same condition as the case just reported; in truth, her condition seemed even more desperate.

The following history was elicited after her recovery:—

On February 14, 1884, fourteen weeks before I was called, Mrs. R., being then three months pregnant, suffered from an abortion induced by a fall. The fœtus escaped during the night, and the next day her household duties were resumed as usual. After a few weeks, dragging pains in the pelvis extending to back and thighs were developed, accompanied by an offensive sanguineous uterine discharge which excoriated the labia and inner surface of the thighs. Soon health began to fail, with its train of ill effects: headache, vertigo, anorexia, and chilliness alternating with sudden heat, emaciation became extreme, her weight falling from 160 to little over 100 pounds.

During this period several physicians were consulted, who advised washes, injections, tonics, liver pills, etc., *ad nauseam*, without effect.

On the 15th day of May, three months after the abortion, while purchasing provisions, she was suddenly taken with flooding, as from a fountain. It stopped for thirty six hours, only to begin afresh. A physician was employed who essayed in vain to stop the hemorrhage; finally fourteen days after the flooding, and one hundred and three days subsequent to the abortion, I was called. The uterus was enlarge, retroverted, and the os contracted, would not admit tip of examining finger. Taught by experience obtained from my former case I immediately introduced

within the cervix two tupelo tents, keeping them in place by cotton tampons soaked in carbolized glycerine. On the following morning, the womb being thoroughly dilated, I introduced index finger and found just what I expected, a soft, fleshy mass attached to uterine walls. After an hour's hard work I removed with uterine scoop and finger, a well organized placenta half the size of an orange. Severe shock followed the operation, fainting turns succeeding each other for three hours. At times the radial pulse seemed altogether lost.

By means of hypodermic injections of ammonia, hot water bottles, friction, inhalation of crushed Nitrite of Amyl capsules, and brandy internally she slowly rallied. By this time my friend Doctor J. M. Lee, arrived who commended what had been done, and in consultation we concluded to bring the physiological action of Secale Cornutum in play, for the purpose of promoting persistent uterine contraction, thereby hastening involution, and removing its present spongy condition. Ergot was therefore given in appreciable doses, and the good results produced proved the practical application of our theory ; for from this time on, there was no more hemorrhage. However, three days after this, septicæmia set in and on the morning of the fourth day the temperature had risen to 105.4°. She was delirious, with rapid pulse of 150 beats per minute, respiration rapid and oppressed, the tongue dry, dark streak through centre with typhoid symptoms, and severe rigors, followed by drenching perspiration. I cleansed the uterine cavity with an injection of hot carbolized water, and on the next day the temperature fell from 105.4° to 101°. This is a well marked example of the value of local antiseptic treatment, which should never be omitted in cases where self infection is possible. Carbolized injections were continued for several days, and from this time on she improved and made a good recovery.

My patient at this date, the second week in September, pronounces her health excellent.

BUREAU OF GYNECOLOGY.

T. L. BROWN, M.D., Chairman.

1. "Causes of Diseases Peculiar to Women," T. L. Brown, M.D., Binghamton.
*2. "Albuminous Leucorrhœa," Henry Minton, M.D., Brooklyn.
*3. "An Interesting Clinical Case," A. J. Clark, M.D., Binghamton.

Causes of Diseases Peculiar to Women.

By T. L. BROWN, M.D., Binghamton.

The fact that the majority of the female sex are invalids, and make up the greatest number of our patients is a sufficient reason why we take the liberty to give our views upon the causes of their most frequent diseases.

*Read by title.

Impure air, want of bodily exertion, improper clothing, unwholesome food and drink, emotional conditions and sudden changes of bodily temperature are among the most common causes of their peculiar diseases.

Their failure to produce as needed the necessary quantity and quality of arterial blood most fully accounts for their universally enfeebled condition.

Retained venous blood does its poisonous work upon the brain, nerves and bodily tissues. Pre-breathed air and want of sufficient bodily regular exercise, combined with clothing which obstructs the free circulation of all fluids of the body, and especially the blood, are among the causes not the most easily removed by the physician.

Constant breathing of the out-door air, either by remaining out of the house or letting it daily and nightly enter the same, is the first and most indespensible requisite.

Daily bodily exertion sufficient to make all the requsite blood and bodily changes, without which no increase of perfect blood cells or repair of bodily tissues can take place. Clothing so fitted that every organ and portion of the body may receive its full supply of nutritive support from the blood. All of which, to a certain extent, depends upon temperature, clothing and well-timed activities.

The article of clothing which demands our first and most active condemnation is the fashionable corset.

I am satisfied its daily use is the cause of mal-nutrition, leucorrhœa, prolapsus uteri and a variety of hysterical symptoms. Dysmenorrhœa and every chronic disease common to the sex is aggravated by this deforming article of clothing.

The young woman or the school miss who compresses her chest and abdomen by a corset soon unfits herself for all the most important duties of her life.

She becomes in consequence the subject of study for the modest, gentle practitioner who makes a large bill but dares not talk corset. After a time he justly loses his reputation and the patient her confidence in the flattering and agreeable doctor. Remove her corset and put her in the kitchen to help her mother and then the pleasant doctor will miss his ill-gotten fee.

The improved patient will not be the straightened associate of others who seek the silly admiration of the enfeebled who frequent fashionable gatherings.

A strife for health is more to be commended than one for fashionably produced incurable disease. Will remedies in any form cure the diseases caused by the use of the corset? Here we show one of the substitutes which has been tested and found to be fully non-productive of disease. It is not a patent or a fraud. To be natural is to be healthy and happy.

Medicine can, and when properly used will do what nothing else can do, and so will removing the corset. There can be no substitute in the form of medicine or stimulants which can take the place of pure air, suitable clothing or regular and sufficient bodily exercise. Physiological food has no substitute. Pure water has always defied all other drinks as more healthful and safe.

A reform in the methods of investigating and removing often the causes of diseases peculiar to the sex, will place our observations nearer the forms of matter which govern the organization and repair of the physical form.

Without the requisite material wisely used in the most suitable climate health is impossible. *Doctor's promises never cure.*

Our wives and daughters will remain diseased just so long as they take drugs to purify the air, loosen the corset, supply loss of exercise, or for improper food or drink.

Coffee, tea and condiments, as food, disease many a stomach and brain.

How many physicians live and obey the rules of health they teach their patients? Like physician, like patient.

There has been much written and said in favor of hygiene and the laws of health. How little is daily practiced. Only just so much as common suffering and close attention compel the wisest and fittest to practice or die. Are we compelled to kill the idiots and fools with liquor, tobacco, coffee, tea, bad air, fashionable clothing, late hours and want of bodily rest and exercise, that the wisest and fittest may live and enjoy their knowledge and labor results.

As physicians we should dare to make plain the causes of disease and rigidly practice just as we teach.

On the health of the mothers and daughters rests the physical, the intellectual and moral advancement of the race.

To be true and successful physicians we should give more physiological advice and less medicine. Two-thirds of the most common diseases peculiar to the sex can be cured by removing the causes.

The profession will continue to lose the confidence and support of the educated layman just so long as they rely upon drugs when other and better means would cure their patients. We may as well try to raise corn in a snow bank as to cure some persons without changing their daily habits of living. Every disease has its mechanical and chemical cause and cannot be cured without removing the same.

Doctors promise, physicians cure. The former depend upon drugs and medicines; the latter upon making their patients live a better physiological and hygienic life.

Albuminous Leucorrhœa.

By HENRY MINTON, M.D., Brooklyn.

The following named remedies stand deservedly high in the treatment of albuminous leucorrhœa: Alumina, Ammonium M., Berberis, Borax, Bovista, Calcarea C., Calcarea Phos., Hydrastis, Platina and Sulphur.

I shall endeavor to differentiate the characteristic peculiarities of these several remedies, to compare one with another, that their relationship may be defined, in the hope of fastening in the memory of the student a permanent picture of each particular sphere of action and range of adaptability.

To learn simply that a leucorrhœal discharge possesses one or two peculiarities is not sufficient data upon which to base a scientific prescription. All the above remedies have one prominent symptom, namely, *albuminous discharge*, emphasized in a marked degree, but it is not for a moment to be supposed that they are interchangeable, that one is as appropriate, and will produce as favorable results as the other in all cases where albuminous discharge is the prominent manifestation; not by any means. There are other factors that must enter into the count. The character of the discharge, be it thick or thin, light or dark, acrid or bland, profuse or scanty, time and condition of aggravation and amelioration, together with the concomitant symptoms and general habit of body; all these points must be carefully studied and compared with the pathogenetic effect of our remedial agents before a reliable index can be established which will decide the choice between a number of remedies all of which, at first sight, are seemingly equally well indicated. For instance, if we were going to prescribe for a case of leucorrhæa with profuse albuminous discharge as the leading indication, we could call to mind a number of remedies all covering that particular symptom equally well, but when upon further inquiry we ascertained that the discharge was unattended with pain or sensation of any kind, our list of available remedies would be so narrowed down that but three would be left from which to choose, namely, Alumina, Borax and Platina. If a closer scrutiny elicited the fact that the discharge *flowed only in the day-time* Borax would have to be discarded and the choice made between Alumina and Platina, and if on pushing our investigation still further, which we must do in order to settle the question at issue, we find in addition to the *profuse albuminous leucorrhœa flowing only in the day-time*, the patient complains of a peculiar *pain in the back as from a hot iron thrust through the lower vertebra*, Platina would be eliminated and Alumina left the sole representative—the similimun.

It is essential that we should understand and appreciate the minute shades of difference that exist between different remedies of similar character, and how often these slight differences influence or decide the choice of a remedy. It is also well on all occasions when prescribing for the sick to remember that there is but one best remedy, one similimum, and that one we must seek for and *find*, single out and recognize by our acquired knowledge of its characteristic features, if we would be accurate and successful prescribers.

In the remainder of this paper it will be observed that the same thing has been said in a plurality of places, this is not inadvertent tautology, but intentional reiteration, as the writer believes that repetition—"line upon line, precept upon precept"—is the only sure road to mental acquirement.

ALUMINA.

Profuse, yellow, corroding discharge, worse before and after menstruation.

Acrid—(Amm. c., Bovis., Berb., Sulph.,) excoriating *transparent* leucorrhœa before and after menstruation and during the intervals, (midway between the menstrual periods. *Borax*).

Acrid leucorrhœa with burning in the genital organs, (Amm. c., Berb., *Borax*, *Calc. c.*, *Sulph.*,) soreness in the vulva, (Berb., Bovis., Sulph.,) and rectum, rendering walking difficult.

Leucorrhœa with smarting in the pudendum and itching in the vagina (*Calc. c.*, *Sulph.*).

Leucorrhœa like *cream*, (like *milk Calc. c.*, Sabina, Sepia, Silicea).

Abundant discharge of transparent mucous flowing *only in the day-time* (Lac. c., *Plat.*, Sepia,) attended with great weakness and a sensation as if everything would fall through the vagina.

Profuse leucorrhœa *only in the daytime*, (Lac. c., *Plat.*, Sepia,) without pain or any sensation (*Plat.*). Platina and Alumina each have *an abundant albuminous discharge flowing only in the day-time*, without pain or sensation of any kind, each has sensitiveness of the vagina and external parts, in both the discharge is aggravated before and after menstruation. No other remedies as far as our memory recalls have this characteristic combination of symptoms. For a further comparison of their similitudes compare Platina.

Painless leucorrhœa, (Amm. m., Borax, Plat.).

Throbbing in the vagina as from an abscess.

Burning and soreness in the vagina (Amm. c., Berb., Borax, Calc. c., Sulph.).

Cervical leucorrhœa, (*Calc. c.*, Sulph., Hydras.).

Transparent mucus *in large quantities running down to the feet.* Berberis has a somewhat similar discharge, but which unlike Alum. is attended with a constant soreness along the whole course of the urethra. Bovista has also a *profuse albuminous* discharge *like the white of an egg*, but it does not draw out in strings, but *drops out in a coagulated mass or clot.* Borax also has a *profuse albuminous* discharge *like the white of an egg* much resembling that of Alumina and Bovista, but it does not drop out in a coagulated mass nor draw out in strings, but its escape from the vulva is *attended with a sensation as of warm water passing.*

Chronic leucorrhœa; discharge clear like water, or of transparent mucus, stiffening the linen (*Kreos.*, *Lach.*).

Discharge of flesh colored liquid after the menses (*Nit. ac.*) or between the menstrual periods, especially in the afternoon and evening.

Itching in the vulva (Calc. c., Hydras. Sulph.).

Leucorrhœa *relieved by cold washes* (Merc.).

Burning in the rectum.

Pains in the vagina running up to the chest.

Pain in the back, (Amm. m.,) *as though a hot iron were thrust through the lower vertebræ.* The back pain of Amm. m. is as if *bruised* or *crushed*, especially at night.

Allumina is adapted to chlorotic women with morbid appetites.

AMMONIUM MUR.

Albuminous discharge *like the white of an egg* (*Borax*, *Bovis.*, *Calc. p.*) *preceded by pinching pain about the umbilicus* (*Silic.*, *Sulphur.*).

This remedy like Borax, Bovista and Calc. p. has a *profuse albuminous* discharge *like the white of an egg*, but unlike them the flow is

preceded by a pinching pain about the umbilicus. Platina has the same pain but not so well marked. It is a characteristic symptom of *Sulphur* and *Silicea.*

Leucorrhœa with great tension about the abdomen, without collection of wind.

Brown, slimy discharge after menstruation, *painless or preceded by pinching pain about the umbilicus*, (Magn. c., Plat., *Silic.*, *Sulph.*).

Violent pain in the small of the back especially at night. Alumina has also a severe pain in the back in connection with leucorrhœa, but it differs from the pain of Amm. m. The Alumina pain is as though a *hot iron were thrust through the lower vertebræ*, the Amm. m. pain is as if from a bruise.

BERBERIS.

Albuminous leucorrhœa before menstruation, (Alum., Bovis., Calc. c., Calc. p., Hydras.,) with intense burning after urination, and soreness along the whole course of the urethra.

Acrid leucorrhœa, (Alum, Berb., Borax, Bovis., Calc. c., Sulph.).

Leucorrhœa producing great prostration, (Alum. Berb., Calc. c., Calc. p., Hydras.). Alum. is attended with a great weakness and a sensation as if everything would fall through the vagina. Calc. c. has great weariness with a sinking and trembling at the stomach. Hydrastis has prostration at the epigastrium, and violent, continued palpitation of the heart. Calc. p. has great feeling of weakness in the sexual organs.

Grayish mucous discharge, (bluish, amb., flesh-colored fluid, Alum., Nit. ac.) vagina sore and painful.

BORAX.

White albuminous *discharge, like the white of eggs*, (*Amm. m.*, *Bovis.*, *Calc. p.*,) *or like starch, with a sensation as if warm water was escaping.* Alum. has a somewhat similar discharge, but it is viscid, tenacious and strings down to the patient's heels. Berberis has a like discharge, but unlike Alum. is attended with a constant soreness along the whole course of the urethra. Bovista has a profuse albuminous discharge like the *white of an egg*, but it does not draw out in strings, *but drops out in a coagulated mass or clot*, Borax has the same profuse albuminous discharge *like the white of an egg*, much resembling that of Alum, and Bovista, but it does not drop out in a coagulated mass, nor draw out in strings, *but its escape from the vulva is attended with a sensation as of warm water passing.* We do not call to mind another remedy having, in any marked degree, this latter symptom, we believe it belongs exclusively to Borax.

Leucorrhœa white as starch, perfectly bland and without pain. Alum. has the same bland painless discharge, but unlike Borax *it flows only in the day-time.*

Leucorrhœa *midway between* the menstrual periods.

Leucorrhœa attended with great general nervousness. She is easily startled and cannot bear a downward motion, as going down stairs, as the downward motion of a rocking chair or riding on horseback. This anxious feeling on downward motion is peculiar to Borax.

BOVISTA.

Leucorrhœa before or after menstruation, (Alum., Berb., Calc. c., Calc. p., Hydras., Plat., Sulph.,).

Thick, viscid *albuminous* leucorrhœa (Hydras., Kali. b.).

Leucorrhœal discharge *like the white of eggs*, (Amm. m., Borax, Calc. p.,) *especially when walking, dropping out in a coagulated mass or clot*, (Ars.). Berb. has a somewhat similar discharge, but which, unlike Bovista, is attended with a constant soreness along the whole course of the urethra. Borax has a profuse albuminous discharge *like the white of eggs* much resembling that of Alum. and Bovista, but it does not drop out in a coagulated mass nor draw out in strings, but its escape from the vulva is attended *with a sensation as of warm water passing.*

Leucorrhœa of a yellowish green color, acrid, corrosive, leaving green stains upon her clothes. Berberis has a grayish mucus discharge; very thick, tenacious mucous discharge *especially when walking*, (Hydras., Kali b.,).

Soreness of the pudendum, labia and thighs occasioned by the excoriating discharge.

CALCAREA CARB.

Leucorrhœa like *milk* (like *cream*, Alum.).

Leucorrhœa *before* and *after* menstruation, (Alum., Berb., Bovis., Calc. p., Hydras., Plat., Sulph.).

Leucorrhœa with *burning* and *itching* of the vulva. This symptom must not be confounded with the constant soreness along the whole course of the urethra which belongs to Berberis.

Milk-like discharge during micturition or flowing only at times.

Cervical leucorrhœa, the discharge being *albuminous and attended with great lassitude and debility*, (Alum., Berb., Calc. c., Calc. p., Hydras.,). This discharge like that peculiar to Hydras. comes from the *cervical canal.* Calc. p. has also a moderately profuse albuminous discharge from the os, but the flow is confined to a few hours in the morning just after rising, and possesses a peculiar *sweetish odor*, (Merc.).

The leucorrhœa of Calc. c. is attended with great *lassitude and debility.* Alumina with a great weakness and a sensation as if everything would fall through the vagina. Hydrastis has prostration at the epigastrium and violent continued palpitation of the heart. Calc. p. has great feeling of weakness in the sexual organs. Borax has great nervous weakness.

Sinking and trembling at the stomach, (Hydras.).

Burning pains in the cervical canal. This symptom is peculiar to Calc. c., Kreos., and Sepia, each has a *burning* pain, but one is through the cervix and the other deep in the pelvis, but the burning pain of Calc. c. is referred by the *patient to the mouth of the womb.* I do not call to mind an other remedy with exactly this symptom. Burning, itching and smarting in the genital organs is common to all these remedies, but it is most marked with Calc. c. and Sulphur.

Sharp stitches in the cervix uteri. Sepia has this symptom but the discharge is quite different from that of Calc. c.

Much mucus between the labia and thighs, with biting pain, especially *leuco-phlegmatic subjects*, (Kali b.).

Aching in the vagina and itching in the pudendum.

Increased leucorrhœal discharge after any excitement.

Voluptuous sensation in the genital organs, (with oppressive anxiety and palpitation of the heart, Plat.).

Leucorrhœa in little girls, (Merc. prot. iod.).

Leucorrhœa in women *subject to a too copious and oft-recurring menstruation.*

CALCAREA PHOS.

Leucorrhœa *after* menstruation, (Calc. c., Bovis., Hydras., Plat., Sulph.,) as the menstrual flow diminishes the leucorrhœa increases, the discharge *looking like the white of eggs.*

Leucorrhœa more in the morning after rising, of a sweetish odor, (Merc.; smelling like ammonia, Amm. c.; like green corn, Kreos.; like old cheese, Hepar. s.; like the menses, Caust; pungent, Kreos.).

Great feeling of weakness in the sexual organs, worse after stool and urination. The leucorrhœa of Calc. c. is attended with great *lassitude and debility*; Alumina, with great weakness and a sensation as if everything would fall through the vagina. Hydrastis has prostration at the epigastrium and violent continued palpitation of the heart. Borax has great nervous weakness.

HYDRASTIS.

Tenacious, viscid, thick, yellow leucorrhœa either vaginal or uterine.

Mucous leucorrhœa, the discharge *hanging from the os in long, viscid strings.*

Thick, ropy, yellow leucorrhœa, (Crocus., Kali. b., Nit. ac., Sabina).

Profuse albuminous leucorrhœa accompanied with great sexual excitement and severe pruritus (Kali b.).

Profuse, debilitating, (Alum., Berb., Calc. c., Calc. p., compare Calc. c.,) albuminous discharge immediately *after* menstruation.

Leucorrhœa complicated with hepatic derangement and constipation.

Tenacious discharge with prostration at the epigastrium and violent, continued palpitation of the heart.

Engorgement and superficial ulceration of the cervix and vagina with tenacious discharge.

Pruritus vulvæ (Kali b.,).

Hydrastis has a *thick, yellow, tenacious*, viscid discharge quite unlike any found in connection with the other remedies now under consideration. As already stated Alumina has a thick albuminous discharge extending in shreds, but it is light in color, or at least usually is; described in the books as *transparent mucus;* that of Berberis is of a grayish color; Borax is white like starch; Bovista is like the white of eggs and in coagulated masses; Platina has a thick albuminous discharge, flowing like Alumina, *only in the day-time*, but that of Hydrastis is *thick, ropy*, and *yellow*, which peculiarity it would be gross negligence to overlook. Crocus, Kali b., Nit.ac. and Sabina have a discharge similar to

that of Hydras., but their *dis-similarity* in all other respects is sufficient to prevent confusion.

The profuse albuminous discharge of Hydrastis is accompanied with great sexual excitement; Calc.c. has voluptious sensations in the genital organs; Calc.p. has a sensation of weakness in the sexual organs; Platina has voluptuous tingling in the pudendum, and oppressive anxiety with palpitation of the heart; Hydrastis has pain in the lower part of the back, so have Alum. and Amm. m. The back pains of Alum. are *as though a hot iron were thrust through the lower vertebra*; Amm. m. has a *violent pain in the small of the back*, especially at night.

PLATINA.

Leucorrhœa especially in women who suffer from constipation, owing to the *glutinous nature of the excrement* the stools adhere to the rectum and anus like soft clay.

Albuminous leucorrhœa flowing only in the day-time, with sensitiveness of the vagina and external parts (flowing *only in the day-time* belongs also to Alum. and Lac. c.).

Leucorrhœa with pinching pains in the abdomen (Amm. m., Magn. c., Silic., Sulph.), pressing down in the groin or in the pudendum, or alternating between the two.

Leucorrhœa without pain or sensation (Alum.), especially after micturition, or when rising from a seat (when lying down Puls., when standing up Ars., when walking Bovis.).

Leucorrhœa *before* (Alum., Berb., Bovis., Calc. c., Sulph.), and *after* (Alum., Bovis., Calc. c., Calc. p., Hydras.) menstruation.

Voluptuous tingling in the pudendum and abdomen with oppressive anxiety and palpitation of the heart. Calc. c. has also a voluptuous sensation in the genital organs. Hydrastis has great sexual excitement. Calc. p. has a great sensation of weakness in the sexual organs.

Platina and Alumina have a striking resemblance to each other. Alumina, like Platina, has an *abundant albuminous* discharge flowing *only in the day-time* without pain or sensation of any kind, no other remedies have this characteristic combination of symptoms. Both have sensitiveness of the vagina and external parts, in both the discharge is aggravated before and after menstruation. Alum. has pain in the back *as though a hot iron were thrust through the lower vetebra.* Platina does not have this pain. The leucorrhœa of Alum. is *relieved by cold* washes, not so with Plat.

A distinguishing features for Plat. is its peculiar constipation, owing to the glutinous nature of the excrement the stools adhere to the rectum and anus like soft clay. Alum. stools are hard, dry and knotty, like sheep's dung.

SULPHUR.

Leucorrhœa before the menses (Alum., Berb., Bovis., Calc. c.).

Leucorrhœa *preceded by cutting colic or pinching pains around the navel.* Amm. m. has this same symptom equally well emphasized. Platina has it also but not so well marked. It is a characteristic symptom of Silic. and Sulphur.

Scanty, *acrid* leucorrhœa, with *soreness of the vulva* (Alum., Amm. c., Bovis., Calc. c., Hydras., Plat.).

Smarting, burning, thin discharge, especially in the morning after rising.

Leucorrhœa thick, yellow (Alum., Kali. b., Hydras.) and moderately acrid.

Leucorrhœa smarting like salt. (Cham., Con., Phos., Silic. and a few other remedies have *smarting* leucorrhœa but none have the peculiar smarting as from salt).

Mucus leucorrhœa *before* the menses.

Bearing down pains, worse when standing. (Alum., Nit. ac., and Sepia have this symptom also well marked).

Burning in the vagina producing great uneasiness, she is scarcely able to keep still.

Severe itching and burning at the pudendum and vulva (Alum., Berb., Bovis., Calc.c., Hydras.). She must scratch till the parts bleed, scratching *relieves* the itching. Mercurius has violent *burning following* scratching.

Smarting and itching greatly aggravated at night (Merc.), she has to rise and bathe the parts several times during the night in order to obtain sleep. Alum. and Mercurius also have an itching in connection with leucorrhœa which is relieved by bathing in cold water.

Burning in the soles of feet, and heat in the crown of the head.

Sense of coldness of the feet though they are not cold.

Inveterate cases of leucorrhœa with discharges of all kinds and colors.

Heat on top of the head, flushes of heat passing off with slight perspiration and feeling of great weakness.

Strong craving for nourishment at about eleven o'clock every forenoon.

Sulphur covers a wide pathological field, it embraces almost all the symptoms of all the remedies we have enumerated, still it cannot supplant either of them. By virtue of its similarity it is often required to combat every kind of leucorrhœal discharge, and also when not significantly indicated and the seemingly appropriated remedy fails to act or produces but transient improvement its timely administration will p ove of incalculable service.

In selecting Sulphur the peculiarity of the discharge is not, in our estimation, the prime factor for our consideration, but rather the general constitutional defection, as exhibited by the totality of the symptoms. By " totality of symptoms " we mean everything pertaining to the patient from a far removed hereditary predisposition to the latest and most minute subjective and objective symptom.

An Interesting Clinical Case.

By A. J. CLARK, M.D., Binghamton.

Mrs. S., aged 32, large full habit, nervous temperament, had been suffering some days from a catarrhal cold. She had taken various domestic remedies for the cold, but the last two or three days previous to my being

called, had taken quite freely of hot water with camphor in it. At this time a peculiar incident occurred producing a nervous shock. It was a trouble involving the loss of confidence, respect and love of a life companion and fell upon her like the shock of an earthquake. She rushed from the room into a cold closet (it was mid-winter) fainted and lay there for two hours. When she was found she was cold and rigid and at first thought to be dead. She was carried to her room, surrounded with bottles of hot water, and stimulants administered. Reaction gradually took place and the coldness and rigidity gave way. A high state of inflammation followed the chill, there was insensibility and incoherent talking. Hot teas and slings were administered, but she continued unconscious and frightened the family so by her wild ravings that they were compelled to send for the doctor. When I reached her bed-side I found a high fever, pulse 140, wild delirium; the patient constantly talking about some great trouble that had befallen her and imagining that she had been separated from her body, that half her head was gone, etc., etc. For forty-eight hours following the shock there had been no action of the kidneys. The whole abdominal walls were tympanitic and a digital examination revealed prolapsus of the uterus, congestion and extreme tenderness of the organ. The bladder was not over distended, there seemed to be rather retention than suppression of urine. The breathing was short and labored. The eye strangely wild and pupil largely dilated, tongue but little coated, bowels constipated; in fact all the outlets of the body, skin, kidneys and bowels seemed to be locked up.

To me the case was most peculiar. I had not learned the nature of the trouble that had produced this nervous shock, I gave a few doses of Aconite to gain time for investigation. This measurably controlled the violent action of the heart but the other symptoms were unchanged. I then gave Baptisia from the symptoms of a wild, wandering delirium and constant talk of body being separated. This remedy was continued two or three days. There was a mitigation of some of the symptoms, pulse 100, slight moisture of skin and small quantity of urine was passed. I now discovered two other symptoms: the patient seemed to see two objects where there was but one and occasionally would see things upside down. I now gave Gelsemium, and under its influence the patient gradually improved, but remained delirious. But now we had all kinds of hysterical ailments; for a number of days it was such a severe pressure on the lungs as to cause her to utterly refuse to allow the bed-clothing to come up above the waist, this was followed by pain in left hypochondrium. I now gave Ignatia and Pulsatilla and continued these remedies and began the use of massage (form thirty minutes to one hour daily), until she fully recovered. This did not occur until the catarrhal metritis was fully relieved and the menses re-established.

There are a number of important points in this case, but that which most deeply interests the practioner is that the hysteria and aberration of mind were dependent upon the deranged menstrual functions, when these were restored to a normal condition the nervous and mental troubles again assumed their equilibrium.

Dr. Proctor: Mr. President, there seems to be a misunderstanding in this part of the room as to Dr. Terry's treatment of carbuncle, and, with the permission of the society, I would like to ask him to explain his *modus operandi* again.

Dr. Terry: I make a small crucial incision on the apex, and passing the needle through the centre of the inflammation radiating from the cut make five or six injections. Relief of pain follows the first operation, sometimes cure is effected by three to five treatments at increasing intervals.

BUREAU OF OTOLOGY.

C. F. STERLING, M.D., Chairman.

1. "Clinical Cases," Henry C. Houghton, M.D., New York.
2. "Apoplectiform Deafness," F. Park Lewis, M.D., Buffalo.
*3. "Prognosis in Otitis Media Catarrhalis Chronica," C. G. Davis, M.D., New York.
4. "The Relation of Certain Ear Diseases to the Brain," C. F. Sterling, M.D., New York.

Clinical Cases.

By HENRY C. HOUGHTON, M.D., New York.

No. 1.—Feb. 14, 1884.—Mr. D. L. R., age 30, a blonde, had suppurative disease life time. H. D. R. contact $\frac{}{20}$, L. $\frac{}{20}$. Early in January he had been the subject of an operation by which a polypus had been removed "from within the tympanum and the membrane was left in place but perforated," so stated to him by the person who operated; from that time he had suffered from vertigo which had been relieved by treatment under care of Dr. Kenyon, of Buffalo. Severe pain setting in at the occiput he became alarmed and came to New York for counsel. R. meatus clear, Mt. largely gone. L. meatus obstructed by dried pus, removal of which exposed a condition not easily defined; the canal was terminated at a point about one-half its normal depth by a formation similar to the drum-head in appearance, but on careful examination it was found to be dense and perforated at two points superiorly. Eustachian tube open, the smaller one admitting only a filiform probe. The pain of which the patient complained was in the left mastoid region and reached to the occiput and down the neck, the mastoid was not red or sensitive. Pulse and temperature nearly normal. The patient had not slept well for a number of nights and the railroad travel had wearied him. On attempting to rise from the chair and walk he was very dizzy, but could not define the plane of motion. My diagnosis was *otitis media suppurativa*, the vertigo being caused by inter tympanic pressure; the indications being to secure free exit for the pus, and the use of *Sodae Salycilate*. *Prognosis* favorable. As he desired the opinion

*Read by title.

of some aurist of the opposite school I sent him with a note of introduction to Prof. D. B. St. John Roosa, M.D., who replied at length to the effect that the above opinion was correct. The patient was under notice a week and instillation of cosmoline with attempts to force fluid through the larger opening to the pharynx caused air and pus to escape at the smaller one; as the contents of the tympanum became fluid, the vertigo was some relieved, but the neuralgia did not cease entirely; the vertigo was marked during the day, but ceased at night, when the neuralgia was very severe and compelled resort to an application of some stimulating counter irritant which the patient had used for temporary relief. *Magnes. Phos.*, and *Ferrum Phos.* were the remedies of most service. Psormum was used on account of the very offensive nature of the pus.

At the end of the week the patient returned to his home, both openings open and the pus flowing freely. Dr. Lewis in consultation with Dr. Kenyon cared for the case with good results. A second polypus appeared, small with long filiform pedicle attached within the tympanum ; this Dr. Lewis removed. At last visit to New York I was absent and did not see the patient. Dr. Lewis reports as follows: The patient has continued under my care, attempts to enlarge the openings were successful, the bridge of tissue gradually absorbed till the two openings became one, this gradually enlarged until the canal became quite open and all trouble from pressure of retained pus was at an end. The hearing for the watch was slightly improved and for general conversation was decidedly benefited. The condition at the outset was unique and the result very gratifying to the patient.

No. 2.—March 13, 1884.—R. J. D., aged 13, well developed healthy boy had scarlet fever last October, mild case. Had earache occasionally previous to the attack of scarlet fever. For past week both ears pained and suppurated. Cannot sleep on account of agony. R. meatus swollen, Mt. not seen, canal full of cheesey pus. L. canal swollen less than R. ; Mt. not seen. Aggravated nasal catarrh. Pharynx: large tonsils, adenoid growths; nasal obstruction. Has had teeth on tension by plates, rubber bands, etc., to regulate order of incisors. Patient badly demoralized on account of continued suffering; H. D. R. $\frac{3}{240}$, L $\frac{12}{240}$. Gave Ferrum Phos. every two hours and Calc. picrate before eating. Plantago locally

March 18th. Was relieved at once; R. canal less pus of same character, L. Mt. covered by dry crusts. Extreme tenderness of inner third of canal on being touched with cotton on holder. Hepar S.

April 23d. Patient was seen twice each week. Under Ferrum Phos. for fever and, when more marked, Hepar, S., the febrile conditions were relieved and the swelling reduced.

March 27th. Kali Muriaticum was given, three times daily. To-day H. D. $\frac{20}{20}$, canals red but free from tenderness, Mtt. fairly translucent but depressed.

This case illustrates the exceptional susceptibility of some patients to manipulation of the teeth. The patient had passed nearly six months from the resolution of the dermis after s. f., and when the teeth were subjected to tension the aural pains began. If it were a single case it might be passed. Previous experience has taught the necessity of insist-

ing on non-interference with the superior incisors. A girl 14 years of age who had s. f. at eight recovered with some loss of Mtt., but H. D. was fair and no suppuration was reported after the first one, directly after desquamation. When 14 years old she was sensitive on account of the irregularity of the upper teeth. The dentist began his work and soon suppuration set in, all efforts by medication and local attention were of no use till the tension was removed from the teeth. Indeed pride carried the patient to the borders of cerebral disease before the matter was yielded. This phase of dental irritation is different from that presented at our annual meeting and shows that perfectly sound teeth may cause reflex trophic changes in the tympanum and external auditory canal and meatus.

No. 3.—May 1st, 1884.—Wm. S. P., aged 30, English, occupation waiter. 29th ult., while at his work in the kitchen a quarrel arose between the cook and an Italian scullion, the latter struck at the cook with a knife and in the effort to shield the cook the waiter received the blow on the left side of the head. Fortunately the knife slipped from the Italian's hand and was thrown across the room. The auricle was marked by venous engorgement, the canal hyperæmic, the Mt. perforated in posterior inferior quadrant, there was hemorrhagic ecchymosed spots about the perforation and mucous membrane of the typanum extremely congested, H. D. $\frac{5}{240}$. Here was a basis for suit for assault and a point for medico-legal contest. If the conditions noted were the result of the blow simply and solely, the case were bad indeed. If a previous history could be made to account for part of the conditions it were less serious for the accused. There had been a previous inflammation, and as the acute traumatic condition passed away, the patient recovered a large degree of his condition. Casual testimony may do injustice to an offender who is entitled to the benefit which would come from an expert unraveling of previous history. Last week mother and son presented at the clinic of N. Y. Ophthalmic Hospital, suffering from the effects of blows on the ears at the hands of the husband and father, in the son's case suppuration of the middle ear on both sides was the result; in the mother's simply a congestion with a dullness of hearing. In a similar case in the person of a young Irishman, the patient was struck with a large tin wash pan while on his voyage to America. The membrane was ruptured and suppuration resulted with a loss of a portion of the drum-head. In cases of traumatic injury of the ear the gravity of the assault must depend upon the previous condition of the patient, and injustice may be and undoubtedly has been done the accused, by not considering the facts in the previous history. A chronic catarrh of the middle ear must necessarily modify the results which follow traumatism.

DISCUSSION.

Dr. F. Park Lewis: The first case is of great interest to me as the patient has been under my care since his visit to Dr. Houghton. The adventitious tissue referred to was found to be cartilaginous. It was situated exactly $\frac{5}{8}$ inch from the inner junction of the pinna and external aural canal. It contained two perforations, the anterior occupying

about $\frac{1}{6}$ of the whole surface, the posterior large enough to barely permit the passage of a No. 1 Bowman probe bent at an acute angle. Both of these openings were gradually enlarged by probing until the membrane had wholly disappeared. It was then found that a ridge of the original tympanic membrane only remained. This was $\frac{3}{8}$ of an inch more deeply situated in the external aural canal than was the adventitious tissue After the tympanum was disclosed it was found filled with polypoid. growths that were from time to time removed. After their removal and a free exit was afforded to the purulent secretions the mastoid pain entirely ceased, and intense headaches, of which the patient had been a victim for ten years, ceased to occur. The ossicula had of course entirely vanished. A saturated solution of Bich. of Potas. was frequently employed, but it had the effect of rendering the external aural canal so sensitive that after a few days it had to be discontinued. Later a saturated solution of Persulph. of Iron exercised a favorable influence on the remnants of the polypi. There is still a purulent otorrhœa with some granulations arising from the intra-tympanic membrane, but the condition is rapidly assuming a more healthy tone.

Apoplectiform Deafness.

By F. PARK LEWIS, M.D., Buffalo.

Mrs. Fish, a lady of perhaps fifty-eight years of age, while sitting quietly sewing one afternoon after dinner, became conscious of rushing and roaring sounds as of a waterfall, and with this a fine crackling and snapping noise. She felt very faint and was compelled to lie down. After about an hour and a half the sounds gradually grew fainter and in a short time they had wholly ceased. At the time of this visit, a month having elapsed since the attack, her strength has been quite restored to its normal, not very high, standard. She finds, however, that since the noises ceased to trouble her, the ear has been absolutely deaf. She complains of a cold feeling in the ear with neuralgic pains through the same side of the face. The external ear shows no decrease of temperature and the cold sensation is probably wholly subjective. An examination of the ear demonstrates a pervious eus tachian tube, with as far as can be ascertained a perfectly normal tympanum. The membrana tympani has a clear, bright reflex with a distinct and normal light spot, no sound however, can be distinguished either through the aerial or bony medium. A "C" tuning fork is heard very faintly when pressed upon the glabella, but in the opposite ear—indeed it is doubtful if it can be surely heard at all. There is no tinnitus, no vertigo, but absolute deafness.

The clinical history given by her physician, Dr. Henry Bæthig, of Buffalo, is that of previous inflammatory rheumatism, with present mitral insufficiency. There has been within the year some bloating of the extremities with a trace of albumen in the urine. This latter has now disappeared. At the present writing, six months after the examination at which the above facts were elicited, the condition remains unchanged.

This case is reported because of several peculiar and unusual features presented.

In those phenomena which have broadly been termed Menière's Disease, and the priority of the description of which Brown-Sequard disputes there is yet much pathological uncertainty. The vertigo or circular movements, the nausea and vomiting, and the deafness, all appearing suddenly have been considered as pathognomonic of effusion of some kind into the labyrinth, and indeed it has been the opinion of some careful observers that any disturbance of the labyrinth must be so manifested.

Buck has shown, however, that when an inflammation reaches the labyrinth *via* tympanum, all of these symptoms except the deafness may be lacking, and urges that in very many cases of apoplectiform deafness "the labyrinth is not the region chiefly or exclusively affected," but the medulla oblongata; but in this case it would seem scarcely supposable that a central lesion would be manifested by no other disturbance than the temporary tinnitus and permanent deafness.

Nor does it seem possible for a hemorrhagic effusion or embolic infarction to have directly pressed upon the auditory nerve, thus suspending its function, for the only point at which this could occur is in the meatus auditorius internus, a canal only four lines in extent, giving passage not only to the auditory nerve and artery, but as well to the facial which would be likewise affected by any obstruction. The only point, therefore, in which the pathological process may be probably located is the labyrinth, and presumably in the vestibule or cochlea.

But two cases have been recorded in which the necropsy has demonstrated labyrinthine disease, in which vertigo and tinnitus have been absent. In one of these, that of Moss, a gunshot wound in the mastoid resulted in total deafness, "with hemorrhage into the periosteum of the internal cavity and in the whole membranous labyrinth," and yet neither giddiness nor subjective noises were present. They were also absent in a case of basilar tubercular meningitis with hemorrhage in the labyrinth described by Lucæ. Both of these cases are referred to by Politzer in his classical "*Leercbuh der Ohrenheilkunde.*"

Indeed our knowledge of the physiology and pathology of the labyrinth is as yet too limited to locate its lesions with certainty, and from the records of like symptoms from medullary involvement, in doubtful cases it would seem a safer and more conservative policy to beg the entire pathological question and consider them simply as instances of apoplectiform deafness.

Prognosis in Otitis Media Catarrhalis Chronica.

By C. G. DAVIS M.D., O. et A. Chir., New York.

Without doubt this is the most annoying of all diseases. The patient thus afflicted is a torment to himself and thinking himself the same to his friends he becomes very sensitive; his feelings become depressed because knowing that those around him are speaking and yet no sound comes

distinctly to him, he appears at a great disadvantage. Very often what passes as stupidity is really due to defect in hearing. He realizes what he is losing and necessarily becomes morbid on the subject of his affliction. To see one such is enough, see his impatience when he has made up his mind to consult an aurist, and watch his blank amazement on learning that it will take some time to produce a favorable result, observe all this and then you will know what discouraging cases they are to deal with. It is not my intention to describe the disease in toto but merely to say something in regard to its prognosis. When a patient comes to you complaining of a deafness of some years' standing and you find upon examination that his malady is chronic catarrh of the middle ear, the most important part of the consultation to him and the most puzzling to you is the prognosis. "What can you do for me, doctor?" is of paramount importance. To properly answer any case it is necessary to know what has been the cause, and is there any evidence of its present existence? There are many and various causes which act either singly or in conjunction in the production of chronic deafness. We exclude those where impacted cerumen have in their subjective symptoms simulated chronic catarrh, for these same symptoms disappear on removal of the foreign body. Of course there are cases where the cerumen is only one condition of the malady, when the body is removed the hearing does not return; whereas in the other, the hearing returns to normal. Doubtless all cases of agglutinated cerumen accompany a chronic pharyngitis, and many present on its removal a chronic aural trouble. The many different positions of the membrane have been pictured; there is more or less retraction of the drum membrane. In some there is scarcely any perceptible difference from a normal membrane. The light spot is split into two or more points or deflected from its usual position, or it is consolidated into one spot. The ossicles are more or less prominent, sometimes the manubrium is bent, so severe is the strain on the depressed membrane. At times cases present themselves where the bones seem like pieces of wire ready to tear their way through. The membrane may be slimy and glistening or dull and lustreless, it is generally opaque. The eustachian tube is thickened and closed or it may be impervious from paralysis of its walls. At any rate there is not the normal interchange of air between the tympanic cavity and the throat. Hence the tympanum being empty of air the pressure outside being unequal, the membrane sinks in toward the inner tympanic wall. Adhesions between the tympanic wall and the membrane cause the drum head to be drawn in. During an attack of aural catarrh a mucous secretion is thrown off and this forms a false membrane between the walls of the tympanum and even around the ossicles preventing their easy play when called upon by the movements of the membrana tympani. These bands are similar to the pseudo-membrane of croup. Beside these there is a thickening of the membrane which prevents it from responding instantaneously to the impulse of sound.

The desideratum is to render the eustachian tube permanently pervious so that the membrane may hang between the two columns of air, the one from the outside passing through the external meatus and the other pressing by way of the eustachian tube. Beside this there is inflamma-

tory thickening of the walls which has passed up the tube into the tympanum and there has communicated the inflammation to the drum This thickening must be reduced before the hearing can be restored.

Chronic aural catarrh occurs in people irrespective of age, and one can readily observe that there is a much more favorable prognosis in the young than in the old person. Much depends upon the duration of the trouble. Its mode of development is very insidious, and, for that reason, one overlooks a slight deafness of a day until these, occurring every once in a while, finally render the patient so uncomfortable that he is forced to seek relief. Many cases are neglected because a "father or mother had the same thing." So that when the sufferer seeks the aurist he has been hard of hearing for five, ten or fifteen years.

A patient of sound constitution, who has no catarrhal predisposition and whose deafness has not lasted long enough to cause permanent pathological changes, may recover. Hence the younger he is the better. There is a kind where there are adenoid vegetations in the naso-pharynx. These are characterized by congestion and thickening of the membrane and are called by some "chronic hypertrophic inflammation of the middle ear."

Other cases present a membrane so thin that one can see through it, and the history discovers that these patients have suffered from naso-pharyngitis for years, the throat is thin and pale, it is a case of sclerosis. During the attacks of pharyngitis there was an increase of the connective tisssue elements which lead to contraction and condensation of these new elements and a diminishing of the glandular structures, hence we have the atrophic membranes. There is another group which include those where there seems to be no discoverable cause for the hardness of hearing; some may have anchylosis of some of the ossicles, others may present a membrane which has undergone thickening or calcareous degeneration, or there may be exostoses.

The histories of these may differ in scarcely a point, the important symptoms are the deafness and noises in the ear.

When a deafness has remained stationary for years and it does not grow better or worse there is little hope; it may be kept from advancing and the tendency toward deafness at every cold may be checked. Foreign growths in the pharynx must be removed. Often the cause of deafness is a plug of mucus over the eustachian entrance; hence the pharynx should be thoroughly examined and such difficulties removed. Where the case has been of some years' duration, or where one can hear better in the midst of a noise, the prognosis is very unfavorable. Where there are evidences that the cause of the trouble is in active operation there is some help.

When a patient is inclined to catarrh he may be cured of the first few attacks, but each additional relapse stores up some of the trouble until a permanent deafness results. Hence one must guard against these relapses. The atrophic membranes elicit a very bad prognosis; inflation will not help them. We do not include in this paper those cases where the deafness is due to labyrinthine disease.

Under homœopathic treatment, many cases which our allopathic brethren fail to alleviate, we give decided improvement. We have treated

many cases where the patient could hear with difficulty if you spoke in a loud tone successfully. Tinnitus of years' standing has been removed. Tinnitus is by some considered incurable, but we have seen the good results of continuing treatment for it. Of course there are cases where there is no hope and age is against a complete recovery. Cure the throat complications before going up. Often after months of treatment the patient suddenly realizes that he hears better. Encourage him to continue treatment and you may bring back a good part of the lost sense.

On the Relation of Certain Diseases of the Ear to the Brain.

By C. F. STERLING, M.D., New York.

That day is an extremely infrequent one, in which cases of children, with protracted suppuration of the ear, are not presented to me for treatment, whose parents, when asked "Why have you neglected this so long?" reply, "The doctor said it was of no consequence; the child would outgrow it." This, to be sure, is one step in advance of the old idea that a running ear was a favorable condition, and that any treatment of it, with reference to its cure, was dangerous; but that this is a dangerous and not infrequently a fatal error will, I think, be acknowledged by those who have patience to follow these remarks, and it is to call the attention of those who are not specialists, and whose time is so largely occupied by the multfarious demands of family practice that they have not had the opportunity to investigate how close are the relations of the ear to the brain, that I thought a short consideration of the subject not out of place. Now, to fully appreciate the causes of a fatal issue following a suppuration of the ear, it is necessary to understand some of its anatomical peculiarities, which are much better comprehended if we go back to that period during which ossification occurs, and trace the development of certain portions of the temporal bone within which the organ of hearing is located.

In pursuance of this plan, we will first consider the external canal. The inner portion of this canal is of bone, but at birth this is entirely membranous, the only bone in the canal being the small incomplete ring at its inner end, known variously as the "tympanic bone," the "auditory process" or the "annulus tympanicus." This small bone, in shape somewhat like the letter U, commences its ossification at about the third month of fœtal life, and it is from this, developing outwards after birth, that the anterior and inferior walls and a part of the posterior wall of the osseous meatus is formed. This bone at birth exists entirely independent of the other portions of the temporal bone, to which it becomes united during the first year of life. The superior wall of the meatus is formed from the squamous portion of the temporal bone (ossification in which commences during the second month of fœtal life), growing outward in the same manner as the other walls do from the tympanic ring, to which, in due time, it becomes united, thus giving the perfect bony meatus. Now, in the failure of developement ("ossification gaps") we shall find one factor

in the extension of the purulent process. The next thing in order to consider are the relations certain parts of this canal bear, and the character of their tissue.

The superior wall is the most important in the matter we are studying. This is formed by two plates of bone, exceedingly thin, the upper one of which forms a portion of the floor of the middle fossa of the skull, and is covered by the dura-mater, while the lower one forms the roof of the canal. Between these two lamellæ are cellular spaces, varying in size and number. The posterior wall is developed, as before said, partly from the tympanic ring, and partly from the main temporal bone in the mastoid region. The importance of this wall lies in the fact that it is the only separation between the meatus and the transverse sinus. Still further, during the growth of the temporal bone, the cells of the mastoid process, which in the new-born infant are situated behind the tympanic cavity, extend outwards along with the greater mass of the cellular spaces, by lying behind the meatus. Towards the front the mastoid cells are, therefore, immediately covered by the posterior wall of the meatus, from which the important relation of this wall to the mastoid process can be understood, since (not only) caries in the latter may extend to and through the posterior wall, but *vice versa* the destructive process may spread from the external meatus to the mastoid cells.

The value of these facts will be apparent when we come to trace the progress of a suppurative process in the ear directly to a fatal meningitis, and show the ease with which the latter may occur. We must next pass in review some of the anatomy of the tympanic cavity, commencing with the superior wall. This is formed by the continuation of the upper one of the two plates which make up the superior wall of the meatus, and which, as before said, is formed from the squamous portion meeting with the petrous portion. At the point of union, for they originally are separate bones ossifying after birth and during the first year, is the petro-squamous suture. In the new-born infant there is a direct continuity of soft tissue (connective, bloodvessels, etc.,) from the dura-mater to the tympanic cavity through this petro-squamous suture. Later on, as the union at this suture becomes more firm, this soft tissue disappears. This wall, however, remains exceedingly thin, and in many cases it is incomplete, either showing quite a large aperture, even to the extent of more than half of the roof being wanting, or from one to several small and irregular openings. These openings, large or small, are covered on the brain side by its membranes, and on the tympanic side by the lining of that cavity. These openings are, without doubt, simple instances of arrested development. Sometimes they are bilateral, but more commonly are confined to one side. In the perfectly developed adult bone the site of this suture can be distinctly seen after maceration as a jagged furrow. The floor of the tympanic cavity possesses an important relation to the jugular fossa, lying just above it. Lodged in this fossa is the expanded beginning of the internal jugular vein. The anterior wall lies close to important vessels, viz., the carotid artery and a venous sinus communicating directly with the cavernous. This wall is sometimes found incomplete, so that the cavity and these vessels are in direct connection. The

two remaining walls of the tympanum, external and internal, while important in a functional sense, have less to do with the particular phase of middle-ear disease we are now discussing. Having thus refreshed our memories with some of the anatomical relations of these different parts, let us consider the possibilities or methods of extension from a simple inflammatory condition of the ear to a more serious lesion of the brain or large vessels, whereby a frequently little-considered disease becomes fraught with danger to life. I cannot do better than copy Politzer's tabulation of these methods, and then endeavor to illustrate each by clinical cases.

He says: A fatal issue occurs in suppuration of the middle ear:

A. When caries of the temporal bone extends to adjacent vital organs, thus:

(1.) By purulent meningitis, or by the formation of cerebral abscesses the surface of the petrous bone, which is directed toward the cranial cavity, being penetrated in one or more places, and the suppuration spreading to the meninges and the brain.

(2.) By septic phlebitis, thrombosis, embolism and septicæmia, consequent upon the extension of the purulent process to venous sinuses on the petrous bones, or the sinus of the jugular vein.

(3.) By bleeding from the ear, the internal carotid artery on the anterior section of the temporal bone or the lateral sinus on the inner side of the mastoid process being eroded.

B. Without bursting of the suppuration into the cranial cavity:

(1.) By phlebitis of the cerebral sinuses; more rarely by meningitis and cerebral abscess.

(2.) By the reception of septic matter into the blood from cavities in the temporal bone (pyæmia), or by a general cachexia, proceeding from the local disease, especially tuberculosis.

In the Transactions of the American Otological Society for 1871, J. Orne Greene reports several cases, the one to which I now refer illustrating very clearly the first subdivision of the first general class. Omitting symptoms, the autopsy showed the entire osseous meatus to be carious, the temporal bone carious to the extent of one-half inch around the meatus; the roots of the zygoma carious, the glenoid cavity, the superior surface of the petrous portion of the wall and lateral sinus, and the entrance of the aqueductus vestibuli, all showing loss from caries. The wall of the carotid canal was also carious. The entire floor of the tympanic cavity had been destroyed by caries, and no traces of the jugular fossa existed. There was a general inflammation of the meninges, and from the arachnoid had sprung a morbid granulation-like growth involving the 9th, 10th, and 11th nerves. A similar mass filled nearly the whole of the middle fossa of the skull arising from the dura-mater. Other morbid products were present, and the mastoid cells and tympanic cavity were filled with pus. Preceding death, which occurred in coma, there was paralysis of the right hypoglossal nerve, vertigo, epistaxis and obscured vision. The ear affection in this case commenced as an acute suppurative inflammation on April 16th, and remained as an ordinary chronic suppuration until November, when more serious symptoms manifested themselves, increasing

in severity until death on the 30th of the next January. Another case was that of a man with suppuration for two years. No brain symptoms were apparent until six or seven weeks before his death, which was in coma. In this instance, a collection of pus was found just over a carious spot communicating with the tympanum. A sinus was found extending from the superior wall of the meatus, backward and inward to a cavity in the cancellated structure of the mastoid. The roof of this was gone, leaving direct communication with the cerebral tissues. The purulent discharge from the ear had come through this channel entirely, as the membrane was intact. Politzer describes the case of a girl 21 years old, with suppurative otitis following scarlatina in childhood. She was on her feet till the day she died. The autopsy showed a fissure in the roof of the tympanic cavity *not carious*, from which a sinus extended through the dura-mater communicating directly with an abscess in the temporal lobe, the size of a hen's egg. She was taken with sudden rigors, temperature 40.2° C., general convulsions, inertia of the pupils, rigidity of the neck, eyes turned inward and upward, pulse threadlike and irregular, stupor and death in 7½ hours.

These three cases illustrate very perfectly the first subdivision as to how a fatal issue may arise from the direct connection of the purulent process in the middle ear with the brain by continuity of tissue, the slight bony barriers being either broken down by caries, or, as in Politzer's case, by an ossification defect.

In his second subdivision, viz., as to the extension of the disease by involving the sinuses, he says: "the most frequently affected is the transverse sinus, to the inner side of the mastoid process, the superior petrosal and the cavernous sinuses, and, in destruction of the lower wall of the tympanic cavity, especially if there is already a fissure in existence there; the bulbus venæ jugularis interna." An affection of the venous sinus is induced either by the direct contact of a carious or necrosed part of the temporal bone with the coat of the vein adjoining it, or not infrequently without perceptible alteration in the state of the bone. A case coming under this head was reported by Dr. Houghton in the *New York Journal of Homœopathy* for March, 1873. The autopsy showed the temporal bone to be carious to a considerable extent toward the mastoid cells, about the inner and upper walls and floor of the tympanum. The suppurative inflammation had involved the internal jugular vein by direct continuity, and the resulting phlebitis had ended in death.

Two cases given by Politzer are as follows: The first case, male, 30 years of age, suppuration since childhood of right middle ear. Ill three weeks. Post-mortem: caries right petrous bone with rupture into sigmoid sinus. Thrombosis right transverse sinus, both carotid sinuses, and circular sinus of Ridley, also left cavernous sinus and superior petrosal. Purulent degeneration of the thrombi and inflammation of the walls of above sinuses. Thrombosis of right ophthalmic vein, purulent infiltration of connective tissue of right orbit, and chronic œdema of the pia mater and archnoid. The second case was a woman, 25 years old, with previous history of middle-ear disease, sick three weeks. Thrombo-phlebitis of left transverse sinus and of jugular veins, and basilar meningitis. Both ophthalmic veins were involved in the phlebitis.

In the third subdivision, we meet a much rarer form of death. In the *A. fur O.*, vol. xviii., is an account of several cases. Thirteen have been described. The method of its occurrence is as follows, according to Politzer: The portion of the anterior wall adjoining the carotid artery in every case has been defective or carious to a certain extent. The carotid arterial wall being bathed in pus, inflammatory softening occurs, and in time the impact of the blood-wave against it causes it to give way. Occasionally a sequestrum may wear a hole through the side of the vessel. The duration of the purulent disease varied from seven to eleven years. The diagnosis of this disaster is, of course, by the hæmorrhage, which is profuse (but not necessarily in gushes), its bright red color, and cessation on compression of the carotid. *Death occurred in every case* at intervals varying from first appearance of hæmorrhage, of from five minutes to thirteen days. In three cases besides, ligation of the carotid (common) was resorted to, with death in from three to four weeks.

In the above cases, it is seen that in every case death resulted from a direct connection of the suppurating ear with some important structure by continuity of tissue, the natural barriers for the protection of such parts having been broken down by caries resulting from the neglect of the primary ear affection, with the exception of one case where a congenital fissure existed in the bone. In this case, had the ear disease received the attention it demanded, and the suppurative process been controlled, in al probability the case would not have been presented to you as illustrative to-day.

We next proceed to the second general division, viz., how death may occur *without* the bursting of pus into the cranial cavity, and in one of the instances, I shall relate how even recovery was accomplished in a desperate case by judicious treatment in the hands of a master. The first one, in Newark, N. J., is reported by Dr. Kipp in Knapp's *Archiv. Otol.*, vol. viii., p. 151.

Patrick F.—23—suppuration for a year. Presented himself June 10th, with statement of intense pain in ear, followed by its extension over entire right side of head. Varying symptoms increasing in severity, with evidence of brain complications, optic neuritis, coma, and death on July 4th.

Autopsy: "On removing brain from skull, a large quantity of very fetid pus escaped from under surface of right temporal lobe. Examination showed abscess the size of hen's egg. There was *no pus* between dura-mater and bone. The entire lateral sinus was filled with an organized reddish thrombus, in the center of which was pus. Where the pus was found, was an opening about 5 inches in diameter in the sinus wall.

"The temporal bone was examined after maceration, and no abnormal opening was discovered. It was, however, somewhat discolored at the points corresponding to the roof of the tympanic cavity and mastoid antrum, and there was a central caries in the mastoid process." The account concludes thus: "With regard to the channels through which the disease extended from the temporal bone to the brain, and to the sinus, I am unable to give any positive information, but as the inner surface of the temporal bone was at no place carious, it seems probable that the inflammation extended along the *vessels* from the mastoid cells to the sinus, and from the middle ear to the brain. Had the patient fallen into competent

hands at an earlier day, the otitis could probably have been diverted and the intracranial disorders prevented." I should have remarked that in this case, profuse suppuration continued to the very day of death, and the cerebral lesion was *not due* to an arrest or obstruction of the discharge.

Three other very interesting cases of similar character are reported in this article, two of which recovered and one died, but as they fall under previsusly considered headings, I will omit them.

The other illustration under this division was reported, *in extenso*, by Dr. Wieden in Knapp's *Arch. O. and O.*, vol. iv., p. 52. It is of extraordinary interest, but its great length prevents its detail. A brief summary is as follows:—

There was *no suppuration*, but the case commenced on the night of November 27, as an attack of acute middle-ear catarrh of the right side, induced by exposure during intoxication. The first complication was an osteitis of the mastoid, the second an osteophlebitis, thence through the diploë to contiguous vessels of the dura-mater, and thence to the transverse sinus. This attack yielded to prompt treatment, and the patient was nearly well in four days.

In the fifth day, however, (December 1st), he underwent an exposure by driving to the railroad station in severe weather. On December 2d, the inflammation of the cerebral sinuses returned with increased violence, with most threatening cerebral symptoms and very violent general symptoms, lasting five days, as follows: Violent fever with frequent rigors (three or four attacks by day and as many by night), continual nausea with very frequent vomiting, violent headache, giddiness, tinnitus, great weakness, apathy, somnolence, delirium, general disturbance of sensibility and motility (hyperæsthesia and anæsthesia), clonic spasms, contractures of the head, neck and extremities, affecting chiefly the right side, epileptiform convulsions, disturbances of sight, hearing, etc. These manifold symptoms are all explained by the rapid spread of the inflammation of the sinuses, from the right transverse sinus to the others, whose successive implication could be distinctly traced from day to day, from point to point. The plebitic process spread from the right transverse sinus thus: December 3d, downward to the right internal jugular vein. December 4th, upwards to the superior longitudinal sinus, thence, December 5th, to the other side of the head, to the left transverse sinus and the left internal jugular vein. On the 7th to the base of the brain, the right cavernous sinus. This patient recovered entirely, not a functional disturbance resulting, nor a single ill consequence. The study and analysis of these symptoms is intensly interesting, but foreign to this paper. Why I have detailed it is that *this violent illness arose from a simple earache*, brought on by exposure while drunk.

I will not weary your patience further by the citation of cases drawn from the literature to which every one has access, having selected these only for two reasons, first to show that it is a very possible thing for an affection, considered of little importance, to rapidly assume a dangerous phase, and secondly, to show how and why it may do so. I could cite numerous cases which have come under my own observation, especially this last winter, where only the most energetic and careful measures have saved the patients from death. The foregoing cases have been selected,

as they are typical and show the course of a disease just as the books have it. To find them so perfectly following out the features as laid down in text books is, however, not common. The majority of cases are not so distinctly defined, though of an equally severe and dangerous character.

In a case that came under my care last winter, the suppuration had involved in a carious process all of the squamous portion of the temporal bone, leaving entirely free the mastoid, which is by far the most commonly affected. Symptoms of meningitis and collapse were manifested, but the patient pulled through.

In another case there was great infiltration throughout the mastoid portion, involving the muscular and cellular tissue way down the neck. No fluctuation could be detected, nevertheless an incision was made about an inch in length down to the mastoid, the tissue cutting like cartilage with almost no bleeding. No pus was found. A lead tent was inserted, and the wound syringed daily with a solution of Merc. corrosivus. In a day or two the injection passed from the wound through the middle ear and out of the external meatus, showing that a sinus existed in the mastoid. Unless relieved in the manner indicated, this patient would probably have died.

Another case which I, unfortunately, was not able to conclude the treatment of (the child's mother believing he had the pneumonia, thus so differing in diagnosis from myself that my dismissal resulted), presented every symptom of meningitis. I do not know whether he lived or died, but the chances were greatly in favor of the latter issue, under any circumstances. This case was the result of a common suppuration aggravated by an exposure during some of the inclement weather of last winter. There are many other instances I could bring to your notice, but I have related enough for my purpose.

Now I believe every paper presented for the consideration of physicians should have a practical bearing, and you will allow me to summarize what I consider the practical points in this:—

First. A suppuration of the middle ear is always fraught with dangerous possibilities.

Secondly. It is a radical error and many times a fatal one to say or believe it will cure itself, or, it is of no importance.

Thirdly. That the younger the patient, the greater the ease with which it passes from a local affection to one involving life, and I may also say the greater ease with which it is controlled.

Fourthly. That a practitioner fails in his duty, and is unmindful of the trust reposed in him, if he neglects to impress upon his patients the importance of attending to these cases.

I have not taken up at all the consideration of the importance of this class of cases with reference to the restoration or preservation of function. That is a matter of no slight moment, but the literature is full of articles bearing upon that point, while it seemed to me that its more serious aspect in relation to life itself, was comparatively neglected. Neither do I take up the treatment of these cases. The physician anxious to learn has abundant material at his command.

Dr. Houghton: I have enjoyed this meeting very much, and wish that we could be longer together; but I hope those present will read this article over carefully when it appears in print. Hardly a day passes but we meet the results of erroneous teaching about these diseases. They are not unimportant, they do not get well of themselves, and I think that they effect children to the second or third generation.

Dr. Millspaugh: Mr. President, as we are pressed for time, I move that the rest of the papers to-day be not discussed until all are read. [Carried.]

BUREAU OF OPHTHALMOLOGY.

A. B. NORTON, M.D., Chairman.

*1. "Paralysis of the Accommodation," Geo. S. Norton, M.D., New York.

*2. "Eye Symptoms of Diseases of the Brain and Spinal Cord," E. H. Linnell, M.D., Norwich, Conn.

*3. "Vulnus Bulbi, A Case," C. G. Davis, M.D., New York.

4. "Affections of the Retina Resulting from Uterine Disturbances," A. B. Norton, M.D., New York.

Paralysis of the Accommodation.

By GEO. S. NORTON, M.D., New York.

Paresis or paralysis of the ciliary muscle, though not of frequent occurrence, cannot be assigned to the class of rare and anomalous cases, especially when resulting from certain general constitutional disturbances.

It is an affection which usually first comes under the observation of the general practitioner and it is important that he should recognize the character of the difficulty, and not ascribe the loss of vision to "amaurosis" as is so often done. With this object in view and not with the idea of advancing new facts or theories for the specialist, is this paper presented.

Paralysis of the accommodation may be total or partial, may be confined to one eye or, as is more commonly the case, involves both. The ciliary muscle receiving its motor supply from the oculo-motor nerve, we should naturally expect to find the other muscles which draw their motor power from the same source also involved in paralysis. These muscles are the levator palpebræ superioris, superior rectus, internal rectus, inferior rectus, inferior oblique and the sphincter of the iris. In paralysis of the external ocular muscle we usually find weakness of the accommodation present, but the reverse does not as often hold true, for we not infrequently find the movements of the eyeball perfectly normal while the power of accommodation is wholly lost. The sphincter of the iris receiving its nerve supply from the same branch of the oculo-motor

*Read by Title.

as the ciliary muscle, dilatation of the pupil is generally to be observed in paralysis of the latter; this is not, however, necessarily the case as one may be wholly independent of the other.

The ætiology is sometimes obscure, though we can usually ascribe the affection to some definite cause. It is not unfrequently observed after severe illnesses when the general tone of the system has been much impaired, especially is this true after diphtheria in which paralysis of the accommodation is not an uncommon sequela. Syphilis will often produce it, though it is usually in these instances associated with paralysis of the other ocular muscles. Various diseases of the brain will cause this form of muscular paralysis, as well as injuries, cranial or orbital tumors, abscesses of the orbit, etc. An especially frequent cause of *sudden* paralysis of this muscle must be looked for in changes in the temperature and exposure to cold.

The symptoms are well marked. The appearance of the eyes will be perfectly normal unless the pupils are widely dilated. This, as we have above said, indicates that the iris is implicated, as is usually but not necessarily the case. Movements of the eyeball are only interfered with when there has been an extension to the other branches of the oculomotor nerve. The chief symptom of which the patient will complain will be a *sudden or gradual loss of vision especially in reading or at the near point.* This of course varies according to the refraction of the eye. Emmetropes will experience little or no difficulty in distant vision unless it is a slight blurring dependent upon the circles of diffusion from dilatation of the pupil. At the reading or near point, however, they will see little or nothing at all without the aid of convex lenses. Hyperopic patients will suffer more than any other, for their distant vision is more or less impaired according to the degree of hyperopia, as well as their near vision; all of which can only be made perfect by proper convex glasses. Myopes upon the other hand will complain less, their distant vision being not impaired unless dilatation of the pupils is present; and the near vision is never wholly lost. It will therefore be seen that the loss of vision is dependent upon the receding of the near point, thus being similar to that physiological condition found in old age, presbygopia.

The correction or improvement of the vision by convex lenses will readily enable one to differentiate from amblyopia or amaurosis, consideration of the degree of vision and age of patient from presbyopia, and examination of the range of accommodation from asthenopia.

The treatment of this form of paralysis must depend upon the cause. If due to debilitating diseases, hygienic and dietetic measures are of the greatest importance. The general condition of the patient always requires particular attention and will furnish material aid in the selection of the proper remedy.

Galvanization has been followed by beneficial results in our hands both alone and in connection with the homœopathic remedy.

The local use of Eserine has given some temporary relief in our experience but has never shown the brilliant results which have been ascribed to the drug by some writers.

Internal medication is of the greatest importance.

Causticum has been of more service than any other remedy. It is especially adapted to those cases resulting from *exposure to cold*, though its sphere of action is not circumscribed to this class.

Gelsemium has proved valuable particularly in paresis following diphtheria and when indicated by general symptoms.

Kali iodata is the remedy when syphilis has been the cause.

Argentum nit., Arnica, Paris quad., Physostig., and Rhus have been employed with satisfactory results and should be borne in mind.

Illustrative of paralysis of the accommodation, its cause and course, we append the following case: Josie E., æt. 10, was sent to me December 4, 1883, by Dr. Lilienthal on account of loss of vision. Five months previous to my seeing her she had been quite sick with a fever which tended towards meningitis. From this she rallied slowly and commenced school in the fall. Seemed to be all right until about the middle of November when she had a severe cold preceded by a chill. At this time she noticed a blur before the vision which increased rapidly until she could not read at all. Since then it has remained unchanged. Upon examination the eyes appeared normal with the exception of moderate dilatation of pupils, V. $\frac{15}{40}$. o. n.; +30, V. $\frac{15}{15}$. But for reading it required a +10 glass, thus showing that there was a total paralysis of the ciliary muscle and that +30 represented the whole degree of hyperopia. The child seemed perfectly well in all other respects. Galvanism was used and Causticum^{30} given internally.

Dec. 6th.—V. $\frac{15}{20}$. Reads No. 7 slowly at 18 inches. Continue treatment.

Dec. 10th.—V. $\frac{15}{15}$ difficulty. Reads No. 6 at 18 inches.

Dec. 13th.—V. $\frac{15}{15}$. Reads No. 1 at 12 inches.

Dec. 18th.—V. $\frac{15}{15}$. Reads No. 1 at 3 inches. Discharged cured.

Eye Symptoms of Diseases of the Brain and Spinal Cord.

By E. H. LINNELL, M.D., Norwich, Conn.

When we consider the intimate anatomical connection existing between the eye and the brain, it is evident that there must be a mutual relation between intra-cranial disease and ocular affections. The optic nerve is but an offshoot from the brain, and the retina but an expansion of the fibres of the former, so that we have here a continuity of nervous structure subject to identical morbid processes. Moreover the optic nerve sheaths enter into the structure of the tunics of the eye-balls on the one side, and are continuous with the cerebral meninges on the other; and the sub-vaginal spaces are tubular prolongations of the cranial sub-arachnoid and sub-dural spaces. It is, therefore, easy to understand how meningitis may be complicated with peri. or interstitial neuritis, and how watery or purulent exudations in the cranial cavity may cause distention of the nerve sheaths, and inflammatory changes in the papilla and retina. Again, derangement of the cerebral circulation is associated with simul-

taneous changes in the retinal vessels, and through the medium of the 3d, 4th, 6th and sympathetic nerves, lesions of the brain and cord give rise to impaired accommodation, strabismus, and paralysis of the eye muscles.

Ocular affections are not infrequently the fore-runners of serious cerebral or spinal disease and serve as danger signals which the observant physician will not disregard, and ,on the other hand, they are often secondary results of central disease, and, rightly understood, are valuable aids in the diagnosis of the primary lesion. It is my purpose in the present paper, to submit for your consideration a brief study of some of the more salient eye symptoms that are more or less characteristically associated with diseases of the central nervous system; and in so doing I invite your attention first, to the behavior of the pupil; secondly, to muscular affections; thirdly, to the sight and field of vision; and finally, to the ophthalmoscopic appearance of the fundus.

I. Behavior of the Pupil.—Dilatation or contraction of the pupils has of itself no special signification, but taken in connection with other symptoms it sometimes is an index of the nature and location of a morbid process.

In a given case of mydriasis it is well first to ascertain whether it is spastic or paretic. The spastic variety is caused by irritation of the sympathetic, and occurs in the early stages of disease located in the vicinity of the cilio-spinal centre in the upper dorsal region of the cord. The pupil still contracts with efforts of accommodation, and upon the stimulus of light, showing that the constrictor fibres are unaffected.

In the paretic variety, we have a moderately dilated and immobile pupil, which is usually associated with *loss* of the power of accommodation and frequently with paralysis of one or more of the extrinsic muscles of the eye. It is a manifestation of paralysis of the 3d nerve, and points to a cerebral affection. It occurs with cerebral anæmia ,in apoplexy, in alcoholism; it is of frequent occurrence during epileptic seizures, and is common with meningitis, hydrocephalus and diseases of the cerebellum. It is an early symptom of general paralysis, but is a late manifestation of paralysis of the insane.

Von Graefe called attention to an ephemeral variety of mydriasis which occurs transiently at short intervals, and which he regarded as a premonitory symptom of insanity, more especially of ambitious monomania. It may, however, be due to spinal irritation. An isolated paralysis of the sphincter pupillæ and of the ciliary muscle sometimes occurs with old cases of syphilis. Mydriasis is frequently idiopathic, especially where affecting only one eye, although in suspected disease of the nerve centres monocular mydriasis and paralysis of accommodation is to be regarded with suspicion as suggesting the approach of general paralysis.

Care should be exercised to discriminate between commencing amaurosis, and the indistinctness of vision due to impaired accommodation, and to the circles of diffusion resulting from the dilated pupil. The condition of the pupil is of service in distinguishing idiopathic atrophy of the optic nerve and that which is a sequence of cerebral lesions from spinal atrophy. In the former cases it is, as a rule, dilated, but it is contracted

in the latter. With myosis also, we recognize a spastic and a paretic variety. The former is the expression of irritation of the oculo-motor nerve, and is accompanied by spasm of accommodation. It commonly attends hyperæmia of the brain, the irritable premonitory stage of apoplexy, narcosis and the excitement of intoxication from alcohol and chloroform. It also occurs in the early inflammatory period of cerebral affections. The paretic is a much more common form of myosis. It is an evidence of paralysis of the sympathetic, which may be due to direct injury of the cervical sympathetic, or compression by aneurism or tumor, but it generally is caused by a chronic disease of the spinal cord. It does not, however, occur when the disease is situated below the upper dorsal region. In this variety of myosis the accommodation is normal, and the pupil can be dilated with Atropine although rather feebly. It is more especially met with in tabes, and progressive paralysis in the insane. The pupillary phenomena in these two diseases are somewhat characteristic. Ordinarily in paralytic myosis the pupil contracts still more upon the stimulus of light, but in these diseases it does not contract upon the stimulus of light, but does so with an effort of accommodation. In late stages of these affections, contraction fails also with accommodation. In cases of sudden blindness, the behavior of the pupil is of service in determining the location of the lesion causing it. If it is situated in front of the place where stimulation of the optic nerve fibres passes over to the sympathetic, reflex contraction upon the stimulus of light fails; but if the injury is located in the visual centre or *beyond* the place where irritation is transmitted to the sympathetic, this chain of conduction remains intact, and the pupillary reaction is preserved. We cannot, however, place entire confidence in this evidence, for cases are on record where there was sudden blindness from a lesion affecting the optic nerve trunks in front of the chiasm, in which the pupillary reaction still existed. Such cases simply demonstrate that a slighter stimulus suffices for the production of reflex contraction of the constrictor fibres of the iris than for the perception of light.

II. Muscular Affections.—Spasm and paralysis of the ocular muscles occur with the most diversified nervous diseases. It is difficult therefrom to draw any definite conclusions regarding the location or nature of a morbid process, since the nerves may be compressed at their origin, or anywhere in their course, but sometimes a special diagnostic importance attaches to these symptoms.

Ocular paralysis in children, without obvious cause, is to be regarded as a very serious premonition of tubercular meningitis. Such a case occurred not long since in my practice. I was consulted simply for the squint. I declined to operate, and gave a guarded prognosis, and within a few months the child died with unmistakable signs of this affection. Such symptoms are much less frequently associated with simple meningitis. When occurring in an adult they are very suggestive of a syphilitic gumma. Von Graefe says that one third of all ocular paralyses are due to syphilis. Multiform paralysis of the muscles of both eyes, associated with anæsthesia, or dysæsthesia of the skin of the face is considered pathognomonic of cerebral syphilis.

Affections of the ocular muscles are frequently the earliest symptoms of gray degeneration of the post columns of the cord, and they may precede for months and years the development of the characteristic signs of ataxy. For this reason we should be on our guard in all cases of *apparently* peripheral paralysis without evident cause, and hold our diagnosis in abeyance. Mauthner says in "*Gehirn and Auge*":—

"Ocular paralysis *may* be rheumatic, but it is rarely so. Tabes developes so frequently perhaps years after so-called rheumatic paralysis, that we cannot help associating the two."

It may be slight and transient, it may affect now one, now another muscle, and finally, may entirely disappear. The external rectus seems to be more frequently affected in these cases than any other muscle. Two varieties are considered especially suspicious, viz: "1st, insignificant paresis which easily recovers but soon reappears in one or the other eye. In other cases there quickly becomes associated with a perhaps *trifling* paresis of the abducens, a contraction of the internal rectus." Such cases are very obstinate to treatment. Atrophy of the optic nerve generally ensues sooner or later in the course of the affection. The vision may suffer temporarily and again be restored, and sometimes there is complete blindness before the symptoms of tabes are fully developed, and at other times the vision remains unaffected until a later period of the disease.

Paralysis of the eye muscles also frequently precedes or accompanies brain sclerosis, but in these cases the paretic symptoms are more general. Von Graefe says:—

"With progressive paralysis the ocular affection is often multiple and bi-lateral, mostly in the form of paresis, changing periodically in degree, temporarily entirely disappearing, and combined ordinarily with transient or permanent mydriasis, with or without paralysis of accommodation."

Complete oculo-motor paralysis may be due to a circumscribed lesion in the floor of the aquæduct of Sylvius, to which all the fibres of the nerve have been traced.

An associate paralysis, confined to one external rectus and one internal rectus, whereby the ability to move the eye to the right or the left, as the case may be, is lost, has been sometimes observed, but it is only within the last few years that a satisfactory explanation of the cause of such an affection has been made. In 1879 or 1880, Duval discovered a bundle of fibres proceeding from the nucleus of origin of the abducens to the oculo-motorius of the opposite side, and later a case of associate paralysis was reported by Ferreol, in which an autopsy revealed a small tumor in the immediate vicinity of the origin of the sixth nerve. Stellwag saw this peculiar condition in a case of Basedow's disease. With this form of paralysis, movement of the eyes in the opposite direction is unimpaired. In the so-called *conjugate* paralysis there is, besides a loss of motility toward one side, a strong contraction of the opposing muscles, so that the eyes are fixed in the opposite direction. This condition is associated with hemiplegia, with an inclination of the head toward the paralyzed side, and a twisting of the face toward the sound side. It occurs most frequently after apoplectic seizures, and follows a localization of a disease focus in one great hemisphere, with lesions of the upper

surface, with one-sided meningitis, and with disease of the isthmus. *Dissociate* paralyses are also of cerebral origin. In muscular affections due to cerebral disease there is very great difficulty in overcoming the resulting diplopia. Even with carefully selected prisms the patient finds it almost impossible to unite the double images.

III. The Light and the Field of Vision.—Blindness, partial or complete, temporary or permanent, developes very frequently in the course of intra-cranial and spinal diseases. When it occurs suddenly and affects both eyes the *presumption* is warrantable that the cause is extra-ocular, but the mere subjective symptom of failing sight or complete loss of vision affords no basis for a diagnosis of the nature or seat of the lesion.

It may be peripheral and located in the retina or the optic nerve between the chiasm and the globe. The same remark applies to toxæmic amaurosis, and to that developing in the course of constitutional disorders. Uræmic amaurosis has been classed as retro-bulbar neuritis, but its pathology is not understood. Quinine, alcohol, haschish, tobacco and lead have each, at times, produced more or less impairment of vision, but, in a given case, we cannot decide from this sympton alone whether the operating cause is central or peripheral.

Scotomata and irregular contractions of the visual field are not pathognomic of central diseases, but defects of *corresponding* portions of *both* fields are susceptible of only one interpretation. Homonymous lateral hemianopia means a lesion of one optic tract although the exact situation of the lesion cannot be determined. The fibres of the tract may be compressed at any point between the chiasm and the visual centre. Heteronymous temporal hemianopia signifies a lesion at the anterior or posterior angle of the chiasm, or extending directly across it antero-posteriorly; while heteronymous medial hemianopia can only be caused by a circumscribed lesion affecting both lateral angles of the chiasm, and involving only the uncrossed bundles of each tract which are distributed to the outer halves of the retinæ.

IV. Ophthalmoscopic Appearance of the Fundus.—The ophthalmoscope is a very important instrument in the diagnosis of the affections under consideration. By its use we are enabled to recognize hyperæmia and anæmia of the retina, embolism of the arteria centralis, neuritis, neuro-retinitis, atrophy, etc. Often before the sight begins to suffer the ophthalmoscope reveals the signs of increased intra-cranial pressure by changes at the optic disc, and in a doubtful case we are often, by its aid, enabled to confirm a diagnosis of brain disease, to determine the cause of sudden blindness, and to interpret the true meaning of various symptoms not otherwise of definite signification. A knowledge of the presence or absence of ophthalmoscopic changes in the background of the eye is of great importance in the study of nervous disorders, but such changes, when recognized, do not enable us *with certainty* to pronounce regarding the exact location and nature of the primary lesion in any given case. They may enable us, for instance, to diagnose with a good deal of assurance a brain tumor, but they do not indicate its variety, size, or exact situation.

We must also bear in mind that coincident cerebral or spinal diseases,

or ocular affections do not *always* or *necessarily* stand in a relation of cause and effect. A certain condition of the optic nerve revealed by the ophthalmoscope may be idiopathic, or it may occur as a secondary result of various different morbid processes. Habitual or severe headache associated with progressive failure of sight is not always a sign of brain trouble, but may be due simply to the effort to see distinctly. It would be foreign to the purpose of the present paper to discuss the differential diagnosis of intra-ocular affections, or to endeavor to explain the *modus operandi* of their occurrance in the course of organic diseases of the brain and cord, or why apparently the same cause is followed by different results upon the eye.

I propose briefly to consider the significance of certain morbid conditions of the fundus oculi. Both neuritis and neuro-retinitis may occur idiopathically, and neither necessarily presupposes the existence of a cerebral lesion, but they are frequently a result of increased intra-cranial pressure. It is a note-worthy fact, however, that with chronic hydrocephalus in which the intra-cranial pressure is markedly increased, we find, as a rule, simple atrophy of the optic nerve, and no inflammatory changes; showing that mechanical pressure of exudations in the sheath of the nerve is not the only factor in the production of neuritis in the course of crebral affections. Neuritis and neuro-retinitis with brain symptoms, are most frequently caused by tumors. The next most frequent cause is chronic meningitis. Acute meningitis, tuberculous or non-tuberculous, is seldom accompanied by ophthalmoscopic changes, nor do we often find them with cerebro-spinal meningitis. True choked disc with strong swelling and prominence of the pupilla is *almost* pathognomonic of brain tumor. On the other hand, the absence of choked disc, or even of any abnormal appearance of the nerve or retina, does not *contra-indicate* the existence of a tumor. Again, a tumor may occasion simple neuritis, with a less extensive swelling and prominence of the papilla, or it may give rise to neuro-retinitis. The latter, however, is more suggestive of chronic meningitis or abscess. There are no reliable ophthalmoscopic data for arriving at a differential diagnosis of these two latter affections. An interstitial or peri-neuritis points to a descending meningitis, although not infallibly. It was formerly held that increased intra-cranial pressure produced hydrops vaginæ, and led to inflammation commencing at the intra-ocular end of the nerve, from whence it extended centripetally; while that occurring as a sequence of meningitis was at first *extra*-ocular, and extended *centrifugally*. Hydrops vaginæ, however, is found both with tumors and with meningitis, and it does not always go on to the development of inflammation. Again, it may be followed either by neuritis with the true choked disc, or by neuro-retinitis, and either may arise without previous extensive exudation into the nerve sheaths, so that there are no characteristic ophthalmoscopic appearances by which we can distinguish an ascending from a descending neuritis. The appearance of the nerve and retina affords no evidence of the state of the vision.

Marked deviations from a normal standard may exist for a long time before the sight is noticeably affected, hence the importance of an early

ophthalmoscopic examination. Excellent vision is not incompatible with *apparently advanced atrophy*, and such a condition is very characteristic of chronic meningitis.

In a given case of atrophic degeneration of the optic nerve, the appearance of the disc varies according as the atrophy is a result of inflammation or is primary, and we can also differentiate between a cerebral and spinal variety.

Gray degeneration of the posterior columns of the cord and chronic myelitis frequently lead to progressive atrophy. A cerebral tumor may occasion it by direct pressure, and it is also associated with general paralysis of the insane, with dementia and idiocy. Nephritic retinitis sometimes presents signs of true choked disc. In such a case there is probably a secondary brain lesion.

In cases exhibiting ophthalmoscopic changes in the fundus oculi, when autopsy reveals cerebral or spinal lesions, we must remember the possibility of a simultaneous or sequential development of identical morbid processes at different points. For instance, there may be a sclerosis of the posterior columns of the cord and also of the optic nerve stem, and thus the eye symptoms be not directly caused by the spinal lesion. So a brain tumor may set up a secondary meningitis, and the latter and not the former be the exciting cause of a co-existing neuro-retinitis.

I have thus pointed out some of the suggestive eye symptoms in the course of cerebral and spinal diseases. I have not attempted to treat the subject exhaustively; indeed to do so would require too much time and space. Many points in oculo-cerebral pathology are still undetermined. It is hoped that this paper may stimulate further research in this interesting branch of science, and that the above resume of facts already ascertained may prove of interest and possibly of practical value.

NOTE.—In the preparation of this paper I have consulted various standard authorities on diseases of the eye: Mauthner's "*Gehirn* and *Auge*" and Hammond's "Diseases of the Nervous System."

Vulnus Bulbi.

By C. G. DAVIS, M.D., O. et A. Chir., New York.

The case which I present is no novelty either in occurrence or in character. It merely goes to swell the number of accidents happening every day. Why it is that this peculiar form of disaster is not more often heard of seems peculiar. Why the eye, so prominent by its position, is not more often the seat of injury seems almost a wonder. We might divide injuries into two classes, those which are purely accidental and those inflicted with malicious intent. The one below related belongs to the latter class.

Mamie M., *ætat.* 13 years was playing croquet with a younger brother who was not more than an infant. He, in a fit of passion, picked up one of the wires and threw it at his sister. Its end struck her on the upper part of the eyeball. It presented a swollen and ecchymosed condition.

On raising the upper lid there was seen a vertical slit in the cornea to the inside of the pupil and extending nearly the whole width of the cornea. From out the opening extruded a portion of the lens. The conjunctiva was injected and œdematous, or more properly ecchymosed. The upper lid did not respond to voluntary motion and it was with difficulty that it could be raised to obtain a good view of the cornea. Tension of the eye was minus. As soon as possible she was put to bed and Atropine instilled into both eyes, into the injured one to draw the pupil one side, and into the other so as to prevent accommodation. The object was to get complete rest for the eyes. Ice was applied by means of a bag. The room was darkened. On the following day the ecchymosis had increased so as to turn the lid purple; there was intense chemosis due to the effused blood in and under the conjunctiva. From the opening in the cornea projected a portion of the lens which now had sloughed and had assumed a gray color; this I removed with a fene trated scoop. I now used Ledum Tinct. externally, putting a piece of linen soaked with an aqueous solution over the closed eyelid. Still continued the ice and the instillation of Atrophia Sulph. (gr. iv to ℥j of water.) From the symptoms there was evidence that inflammation had not set in. There was no pain save an itching in the inner canthus which disappeared on allowing the tears to escape. Very likely the chemotic conjunctiva had pushed the punctum away from the eyeball thus depriving the tears of access to the lachry mal sac The cornea, save where the opening was, was in good condition. Being able now to give a more decided prognosis the chances were in favor of saving the eye.

On the next day it looked the same, the chemosis, the slough lens, which slough was removed as before, the itching in the inner canthus. Seeing that the ice had done its work I used hot Chamomilla poultices, not changing the other treatment save to give Apis[3] internally.

From this time the chemosis and ecchymosis grew less. When this progressed favorably dry dressing was applied and the eye still progressed favorably until all the chemosis and ecchymosis disappeared, the corneal wound healed but it has not yet left a permanent wound. Finding on removing the bandage that the conjunctiva was injected and besides profuse lachrymation, Rhus Tox.[3] was exhibited with good result.

The fortunate circumstance in this case was that the child was seen within an hour after the accident. I think that the prompt use of ice saved the eye. On a further examination of the eye by the indirect method it was seen that the iris had been cut but was not adherent. The sight is nil but when it heals entirely by operation some of the sight may be restored.

Affections of the Retina Resulting from Uterine Disturbances.

By A. B. NORTON, M.D., O. et A. Chir., New York City.

It is a fact now well known to oculists, that many diseases of the retina are due to, or at least aggravated by disturbances in the genito-urinary tract. I was led to select this subject for presentation here, because upon examination of our text-books on ophthalmology but little reference is made to the influence of the uterus upon the various diseases of the eye. It is of comparatively recent date since this subject was brought prominently to the notice of the specialist, while the general practitioner has had but slight (if any) attention called to this relation. According to some authorities almost every tissue of the eye is at times subject to change produced by certain conditions of the sexual organs. It is my intention, however, to consider only the connection between uterine diseases, and the most frequently observed troubles of only one coat of the eye, namely, the retina. How frequently it is that we find women at the time of their menstruation complaining of the increased severity of their eye symptoms! If then the physiological process of menstruation produces an aggravation (even though temporary) of an already existing eye trouble, why may we not expect that pathological changes of the uterus may cause a disease in a previously healthy eye?

Mooren* says: "According to my own experience I would say that of all the eye affections of choroid, retina, optic nerve, etc., there are none which are not influenced either by the normal or pathological workings of the uterus."

Having then assumed that eye diseases may be due to the uterus, the question arises, how can this occur? A glance at the physiology of the nervous system allows us to trace a connection from the uterine plexus through the lumbar veins to the veins of the vertebral column, (which differ from most veins in having no valves). These connect with the occipital veins, and the latter with the transverse sinus, (Mooren). Through this venous connection a sudden check to the menstruation may cause a congestion as far away as the occipital lobes; a rapid compression of this part, so near the origin of the optic nerve is sufficient to cause blindness with no visible changes in the fundus of the eye. A good illustration of this venous stasis is found in a case reported by Samelson.† A young woman of twenty-one had to work standing with bare feet in water at the time of her menses. The sudden menostasis caused a disagreeable sensation of pressure behind the eyes the same evening, within a month she was completely blind. The ophthalmoscope showed nothing but a strong retinal reflex and a slight engorgement of the veins. In another week her sight returned. Samelson attributed it to a transudation into the orbit compressing the optic nerve. Another connection between these two organs may exist by means of the nervous system. It is known that irritation of any sensitive nerve may cause a reflex irritation in some other locality with which it has no direct communication.

*Archives of Ophthalmology, vol. xi., p. 285.

†Berl. Klin. Wochenschrift, 1875, No. 3.

The short ciliary nerves are supplied with motor, sensory and sympathetic fibres.

Now, the eye being so abundantly supplied with nerves as it is, is only too apt to be affected sympathetically from any irritation of the uterine nerves. *Hyperæsthesia of the retina* occurs perhaps as frequently as any retinal trouble due to a reflex irritation from the uterine system. In this connection I will refer to a case reported by Shields.* "A young lady of seventeen suffering with asthenopia, I paralyzed her accommodation with Atropine, and found her hypermetropic. This was neutralized by proper glasses, and she reads with perfect ease at times; but when suffering with dysmenorrhœa her glasses have no influence over her asthenopia, and the retina is markedly hyperæsthetic. As a contrast to her case, and showing the influence of the uterine trouble, another young lady of the same age presented herself for treatment about the same time, suffering much more from painful vision and showing considerable hyperæmia of the retina, but having no dysmenorrhœa. She too, was hypermetropic. Correction of her hypermetropia has given her perfect relief."

Mooren† says, "That any inflammatory process in any part of the genital tract causing alterations of its shape or dimensions, can produce a hyperæsthesia of the retina; this being once produced may bring about a variety of other conditions." Photopsia and myodesopia are frequently met with. Under inflammatory changes of the retina, *hyperæmia* is very frequently noticed in women at the time of normal menstruation. A long-continued hyperæmia may of course result in a retinitis, this by extension to the optic nerve will cause a neuro-retinitis, and terminate probably in blindness from an atrophy of the optic nerve and retina. This course of events resulting from a venous hyperæmia caused by a cessation of the physiological functions of the uterus, will be only too apt to be more rapid and severe under pathological conditions. Under this heading I would refer to two cases; one a young woman of twenty-two, strong and well-developed, but has suffered intensely for the past three years with dysmenorrhœa. While under treatment for parenchymatous keratitis which was rapidly improving I noticed on one occasion a marked aggravation of the disease and occurring within a few hours. On careful questioning I could determine no cause for the relapse with the exception that menstruation had set in upon that day. Ophthalmoscopic examination of the eyes revealed hyperæmia of both retinæ. After the menstrual period had passed, the eyes again improved steadily until the following period, when there was another, but less severe, relapse. During the next month her eyes had so far recovered from the keratitis that there was no noticeable aggravation. Another case in point is reported by McKay.‡ "Fannie R., aged twenty-two years, single, domestic, United States, first came under my care at out-door department of Bellevue Hospital, New York City, June 30th, 1873. She had had double sight at intervals for two weeks past, and could not read or sew. She suffered with

*Atlantic Journal of Medicine, Sept., 1883, p. 79.

†Loc. Cit.

‡The American Journal of the Medical Sciences for Oct., 1882.

supra-orbital neuralgia. Two years previous she had suppression of menses. Since then her menses have been irregular and the flow diminished in quantity. Vision of R. E.=$\frac{16}{200}$ of L. E.=$\frac{16}{80}$ and she could see small type ten inches. She was slightly myopic but did not require glasses. Her pupils acted sluggishly under light. Opthalmoscopic examination manifested appearances of well-marked neuro-retinitis. Free catharsis and bleeding of temples promptly improved her vision somewhat, and tonics her general health, when her menses became regular and she could again use her eyes. This improvement continued for several months until suppression again occurred from getting her feet wet during the 'flow,' and again her eyes could not be used as desired. Several months later her menses again appeared and her eyes regained their normal condition. In March, 1875, she reported she had had a re-occurrence of partial suppression and eye trouble. In October, 1876, reported menses regular without any eye trouble and her general health good, which continued a year later, the last report made to me."

Förster and Freund* made, in a small number of cases, a series of observations on the connection between affections of the uterus and neuro-retinitis. They found that in the majority of cases of neruo-retinitis it usually involved only one eye, and if the other eye was affected it was in a less degree. Vision was only moderately decreased. Outlines of the disc were hazy or lost, either from excessive congestion, or from moderate swelling. An excessive swelling of the disc was in no case found. The patients were usually sterile or became so at an early age; in one at the twentieth year. The uterus was found in a state of premature senile involution, resulting from inflammatory changes in the organ itself, and not from the tissues surrounding it, as is the case in kopiopia hysterica. In this atrophic condition of the uterus the menses are scanty. This atrophy of the uterus then forms the foundation of the optic nerve atrophy by causing a fluxion to the retina and optic nerve. The patients complained of loss of sleep, dull headache, etc. The condition of the optic nerve already described, sometimes remains weeks or even months without change. The result may be either resolution or partial atrophy. Total atrophy they had never seen, but this may be due to their having seen but a small number of cases. Saundby and Eales† found in a series of fifty cases of chlorosis, that in eight per cent. there was evidence of some degree of neuro-retinitis.

The *retinitis albuminurica* of pregnancy is already too well known to require notice in this article, while retinitis pigmentosa, although a case of this disease has been recorded, is not sufficiently verified for space in this report.

Several cases of *detachment of the retina* are reported. One of much interest by Mooren,‡ I will call your attention to. A lady suffering from enlarged glands of Naboth, on account of a small operation and the introduction of a speculum, had severe pain in the back and legs followed by obscuration of sight. Again from injections of warm salt water she

*Graefe and Saemisch Handbuch, vol. vii. part 1, p. 99.

†Ophth. Rev., vol. 12, p. 303.

‡ Loc. Cit.

could hardly move her legs; from the hip to the feet they were ice-cold, and the upper part of the body was very hot. From this disturbance of the circulation she was absolutely blind for a few moments at a time. On continuance of the injections the sight was again reduced, and a large detachment of the retina resulted. There still remains *retinal hæmorrhages* to which I shall call your attention, and will briefly outline one case reported by De Wecker.* A young lady, aged 20, when in the seventh month of her pregnancy complained of dimness of sight for a few days. Ophthalmoscopic examination showed slight haziness of the retina in the neighborhood of the papilla in both eyes. The following morning there was a small extravasation in the left eye near the papilla. In consultation with an eminent accoucheur of Paris, premature labor was advised on account of the fresh hæmorrhage and the increased haziness of the papilla. Dr. Wecker felt convinced that it would not be long before serious brain symptoms would declare themselves, and that in any case this primipara would not arrive at her full term without some accident, but he was unable to convince the consulting physician of the urgency of the danger. During the night that followed this consultation, that is to say four days after the first ophthalmoscopic examination, the patient was seized with convulsions following each other in rapid succession. Again the consulting physician was summoned, but he did not feel justified in forcibly delivering a patient who lay unconscious and in a moribund condition. Death occurred the following night.

The diagnosis of these rare affections, like all diseases of the retina, rests upon the ophthalmoscopic examination. The subjective symptoms resembling so closely those of ordinary refractive errors are of no value.

BUREAU OF HISTOLOGY.

John L. MOFFAT, M. D. Chairman.

1. * "On The Tests for Bacteria,"—W. Y. Cowl, M.D., New York.
2. † "A New Urea Flask,"—Malcolm Leal, M. D., New York.

"On The Tests for Bacteria."

By WALTER Y COWL, M.D., New York City.

Of bacteria, as of every living organism, best tests of the existence as living organisms are growth and self-motion. In respect of most plants and animals, the observance of form and growth is easy, whilstthe same may be said of self-motion in those individuals possessing it.

When we come, however, to organisms such as bacteria, which are not to be individually observed by the unaided eye, we have a less simple and more delicate problem.

The first fact impressing one is, that their aspect is less sure. We not only feel, however, that their aspect is less sure, but we now know it. This lack of potency as has been abundantly shown both by protography and by recent discoveries in optics, while partly due to imperfections still

* Ocular Therapeutics, p. 379.
† Read by title.

remaining in our best and most recent lenses, * is chiefly due to the fact that our perception of bodies so fine depends not simply upon magnification, but upon a newly recognized and fundamentally distinct kind of vision; a form of vision which becomes necessary in order to distinguish all objects or appearances less than $\frac{1}{2500}$ inch in diameter; or, in other words, necessary for the discernment of all forms of bacteria.

This fine microscope vision, as it is called, which only comes into play in viewing the more minute objects and details seen under the microscope has been shown by Prof. Abbe, of Jena, to require lenses of wide angles and unusual perfection of make in order to give truthful pictures of the objects looked at. The theory and its demonstrating proofs show that when looking through a microscope at an object or detail less than $\frac{1}{2500}$ inch in diameter, in other words at anything smaller than the naked eye could perceive, we do not see it, as with larger objects, by a direct recomposition of the transmitted images, but by a combination of certain spectra the result of diffraction of light by the fine edge or lines of the object.

If the objective does not take in a sufficient number of the spectra produced by the fine objects, or details, or does not properly combine them, the picture is more or less false.

This is, beyond question, one reason why bacteria are not well observed by many lenses sufficiently good for other work.

It is not, however, the chief reason. All, who have used the microscope with sufficient magnification must know that ordinary lenses of medium power, under favorable conditions of the illumination, and with a close and small stop or diaphragm will show with surprising distinctness, objects of much less size than the limit mentioned.

The main reason, then, for the difficulty in observing bacteria, or for their non-perception as bacteria must reside in the bacteria themselves, and this can be easily shown to be true.

Observing a bacterium in water, or urine, or other fluid of light specific gravity, at a magnification of 600–800 diameters with a good lens of at least 100° angle of aperture under favorable conditions of the illumination, with a small close diaphragm and the exclusion of all side light from the observing eye (the other eye being shielded), it will be readily seen that the organism is surrounded by a *halo*, which varies in intensity on turning the fine adjustment screw; this indicates the presence of some surrounding material.

That there is such a material, and that it is viscid, is further indicated by the frequent aggregation of bacteria in masses, upon the verge of which will be seen individuals struggling to free themselves and finally succeeding in doing so.

This viscid envelope, probably increasing in density from without inward toward the body of the bacterium would markedly interfere with a sharp picture of the body of the organism, when viewed, as we have seen it must be, by fine microscopic vision.

Again, everyone who has magnified bacteria in water, or other light liquids, to more than four hundred diameters, must have noticed that

*It is to be remembered that the lens of to-day is not to be compared with the lens of twelve years ago.

upon changing the focus, the color of a bacterium under observation changes from black to dark yellow or *vice versa*, and that it changes suddenly and changes markedly.

This indicates, just as in the case of an air-buble, a crystal, a bit of metal, or a piece of hair, that the object differs greatly in specific gravity from the medium by which it is surrounded.

The fact that the greater the difference between the density of the object and the density of the medium, the poorer the microscopic view, whenever such depends upon the fine microscopic vision, constitutes a further reason for the elusiveness of these smallest of living things.

We can now see altogether how and why it is that when we look at bacteria through the microscope whether with a poor, a medium, or a first class objective, that the organisms are so hazy in their outline and so obscure as to their interior detail.

With reference to the observance of self-motion in bacteria, two sources of error may be mentioned.

Brownian movement, consisting of a dancing motion of particles of substance less than $\frac{1}{500}$ inch in diameter and insoluble in the medium employed, is not to be distinguished from the fine movements of bacteria with powers of less than 400 diameters, except under very favorable circumstances. The same may be said of the distinction between the progressive movement of many bacteria and the movement of fine particles by currents in the medium.

Both currents and Brownian movement occur particularly when media of different densities are mixed or when soluble matters are added to the medium.

The jar of adjustment in focussing or even the observation of particles of substance heavier than the medium upon an inclined stage, is apt to cause disturbing currents. In other words, the positive observation of self motion in bacteria depends upon the skillful use of the miscroscope with the higher powers thereof.

We may then make some excuse for an individual who fails to distinguish between a bacterium and some other minute object by a simple microscopic examination, and we furthermore perceive the necessity of submitting the various questions which may arise with reference to bacteria to other tests than mere observation in a fluid medium under the microscope.

We perceive this necessity more especially, perhaps, when we find some who, astounding as it may seem, claim to be prepared to deny the existence of organisms such as bacteria, and proceed still further to assert that all bodies supposed to be bacteria are but forms of disintegrating fibrin, not hesitating to declare that "*all* organic matters contain fibrin," and thus disposing of the value generally accredited to "cultivation" as a means of study and of proof by bacteriologists.*

Owing to the acceptance, by the scientific world at large, of the fact that *there is* a class of organisms known as bacteria, the various tests for

* Vide "Cultivation of Bacteria and Fibrin," R. R. Gregg. The *Medical Advance*, June, 1884.

them pertain now mainly to the distinction of the various kinds of these organisms from each other, rather than to the fact of the existence of such forms of life.

As there are those, however, who deny the very existence of bacteria, while opposing the germ theory of disease, it may be worth while to seek some positive test, if such there be, that shall indubitably prove the fact of the existence of bacteria, without reference, of course, to their power or lack of power to cause disease.

Such a positive test I believe to be caustic potash. It may be used in a solution of from two to more than twenty per cent.

A two per cent. solution will disolve fibrin, coagulated albumen, caseine, and all tissue except bone, *but it will not dissolve bacteria.*

A solution composed of four parts water and one part pure stick potash —a solution which is strong enough to completely disintegrate any gross organism and to dissolve it, with the exception of the earthy matter of the bones or shells, will refuse to obliterate bacteria, as the following experiment will show.

If a clear solution of gelatine be exposed to the air for a few days it will become cloudy and so remain for several weeks, when a light colored sediment will be found to have subsided, leaving the supernatant fluid clear and devoid of its former viscidity.

At any period of time after the appearance of the cloudiness, the fluid or sediment may be examined with the microscope and will be found to contain many minute bodies which it did not contain when clear, varying from the .005 inch to the .00005 inch in diameter, partly in aggregated masses containing from a few to many hundred individuals and partly free.

Most of those that are free, and some of those in the aggregations, will be discerned to be in active motion of a quivering and often also of a sinuously progressive kind.

If the process of decomposition, however, be complete, or if the vessel has been tightly closed for a time, the large majority or all of the bodies will be without motion.

A portion of the sediment may now be mixed with four times its bulk of a twenty per cent. solution of caustic potash and either set aside for a few days for thorough action of the reagent, or, more quickly, boiled for a couple of minutes.

It will now be observed that the mixture has not lost its opacity, and on standing at rest for a time will deposit an abundant sediment: in other words, the potash has not dissolved the bacteria.

If now a drop of the mixture or sediment be viewed under the microscope, it will be found to contain the same bodies as before, and now, in many instances, in active motion. The number of organisms will be found diminished, but those that remain are perfect. Besides the remaining bacteria, more or less débris will be found.

Whether those destroyed by the potash were dead or in some vulnerable stage of life is of course uncertain, but the fact remains unequivocably that treatment with a solution of potash more than strong enough to dissolve not only fibrin in any form but the entirety of a human being, calcareous salts excepted, has not sufficed to destroy, but on the other hand

has rendered active, certain of those organisms which, from lack of food, from poisoning with the effete products of their own life, or from lack of oxygen, had become quiescent.

The test barely needs comment. We may merely say with reference to the microscopic observation, that it requires a good objective of 100° or more angle of aperture and some skill in microscopical manipulation.

Other tests of the existence of bacteria are as convincing, or perhaps more so, to those who do not believe that fibrin pervades everything.

To some the simple potato test is sufficient, which consists in exposing a freshly cut potato to the air for a few hours or touching the fresh surface with a pin previously dipped in some decomposing matter, and then placing it under an inverted glass until spots of discoloration appear upon it, when a microscopic examination of matter from some of these spots will reveal the presence of organisms, differing in shape, size, power of motion, etc., as the spots in color.

The most complete test, perhaps, is that of Dr. Koch, which consists in coating a glass slide with clear moist gelatine and pricking it at points with a pin previously dipped in decomposing matter, such as urine or blood.

In a day or two opaque spots will appear about the points, which on microscopic examination, will reveal myriads of connected organisms.

We have here, then, an evidence of that growth which to any but a prejudiced eye must seem the best test of the existence of bacteria as living things.

Description of a New Urea Flask.

By MALCOLM LEAL, M.D., New York.

Having had occasion to examine numerous specimens of urine in which it was desirable that the amount of urea should be determined with greater accuracy than by the ordinary method of difference, and with a less expenditure of time than is required by many of the accepted methods, I have made use of the process first described by Dr. Fowler in the *New York Medical Journal* for July, 1877.

In Fowler's method advantage is taken of the changes in specific gravity which a mixture of urine and solution of Sodium Hypochlorite undergoes from the escape of the nitrogen which is set free during the reaction, this change bearing such relation to the amount of urea present in the specimen that a loss of one degree in specific gravity corresponds to 0.77 per cent of urea. The proportions of the mixture being seven parts of the Hypochlorite solution to one of urine.

By the above process very good results are obtained, but the bulk of reagent required, as well as its instability often renders necessary the substitution of another process.

In searching for such a substitute, and one which should combine simplicity with certainty, my attention was called to a method described by Dr. H. G. Piffard in the *New York Medical Journal* for December, 1874.

The process depends upon the decomposition which takes place when a

solution of urea is acted on by a solution containing mercurous nitrite, in which the weight of the gaseous products (mainly carbon dioxide and nitrogen) given off corresponds very nearly to the weight of urea present in the specimen examined. Boymond's process,* of which the above is a modification, is described as follows:—

125 grammes of mercury are dissolved in 170 grammes of nitric acid of a density of 1.34 after heating slightly, and equal volume of water is added to the mercurial solution, which, after filtration is ready for use.

The apparatus required consists of a tubulated flask, so arranged that the reagent can be separated from the urine by being placed in an upper flask, between which and the lower a cock prevents the mixing of the reagents until the proper moment arrives. From the lower flask a tube connects with a bulb made to contain strong sulphuric acid, through which the gases given off during the decomposition pass and are deprived of moisture.

The whole apparatus is made of thin glass and is delicate and complicated.

The process consists in placing ten cubic centimeters of the urine to be examined in the lower flask, and about twelve cubic centimeters of the reagent mentioned in the upper; the cock being closed to prevent admixture. The side bulb is supplied with sulphuric acid and the flasks and contents accurately weighed. The reagent is allowed to mix with the urine and, after the urea is all decomposed, the whole is weighed again. The gases as given off have passed through the sulphuric acid which absorbed and so prevented the escape of the watery vapor.

The difference in the two weighings equals the sum of the weights of the nitrogen and the carbon dioxide which escaped, and if multiplied by 0.8333 will give very nearly the amount of urea in the ten cubic centimeters of urine taken. Hippuric acid and some other matters contained in the urine are also decomposed by the mercurous nitrite, and, in exact determination, must be disposed of before the urea is decomposed.

Dr. Piffard has simplified the method of Boymond by doing away with the sulphuric acid bulb used by the latter, and allowing a certain amount of watery vapor to escape with the gases given off during decomposition.

The reagent is prepared as follows: One cubic centimeter of metallic mercury is dissolved in 20^{cc} of nitric acid—specific gravity 1.400.

"As soon as the mercury is dissolved, 20^{cc} of distilled water are added."

The apparatus used by Dr. Piffard consisted of a flask holding about 45^{cc}; into the neck of which, through a perforated cork, passed a small tube drawn from the end of a glass stoppered best tube. A second perforation in the cork allowed for the escape of the gases formed.

10^{cc} of the urine was placed in the lower flask and an equal volume of the reagent in the tube, the pressure of the atmosphere being presumably sufficient to prevent the reagent's exit while the tube was stoppered.

After weighing, as in Boymond's process, the fluids were allowed to mix and, at the expiration of fifty minutes, the whole was weighed again.

Piffard found that the loss of weight was about one per cent. greater than the amount of urea present in the specimen.

*See Wurtz, Dictionnarie de Chimice, T iii. p. 595—Art. "Urines."

After having a number of estimations interrupted by the premature mixing of reagent and urine, through the imperfect method by which they are kept separate in Piffard's apparatus I have devised and had constructed for use, by Messrs. Eimer & Amend of this city, the flask which is the subject of this paper. It is to be used precisely as is the one of Dr. Piffard's already described, though sometime in the near future a better method for its use will be presented to the profession.

A rather conical flask of thin glass is so constructed as to receive in its mouth a second, and smaller, glass receptacle, which is ground to fit the first as a glass stopper with an expanded hollow top. [See cut.]

The larger of the two parts of the apparatus has a capacity of about twenty-five cubic centimeters; it should measure about four centimeters across its widest part which should be in a plane parallel to, and about five millimeters from, its base; it should be about five and one-half centimeters high, including the length of the neck which may be one and one half centimeters, it should diminish in diameter from its widest point to the shoulder, where, just before it begins to round, it should have a diameter of about three centimeters.

The form described has proven the most stable of several tried, and might be somewhat improved by lessening the height and widening the base.

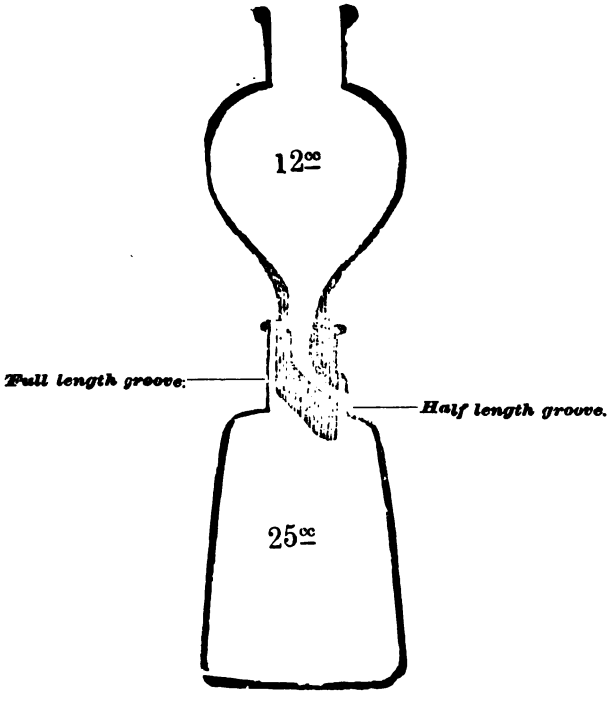
The upper receptacle should be urn shaped, having a neck about one centimeter in inside diameter, being about three and a half centimeters in diameter, and ending at the bottom in a ground glass plug which acts as would an ordinary stopper. It should have a capacity of about twelve ^{cc}. The cavity of the upper receptacle continues downward to within half a centimeter of the plug, at which point a hole is drilled at right angles to the ground surface of the plug, making the upper receptacle open throughout.

In the tubulature of the lower receptacle are two grooves parallel to its axis, situated on opposite sides; one traversing the whole length of the neck, the other extending half its length and opening inward. The arrangement of the plug and tubulature is such that when the two pieces are together and the opening on the ground surface of the plug is against the ground surface of the neck, there is no connection between the two receptacles, and fluid placed in the upper will not escape into the lower; but when the upper receptacle is turned so that the opening in the plug is opposite the half length groove, the fluid in the upper receptacle will run into the lower while the air escapes through the full length groove on the opposite side.

The lower end of the plug should be ground off at an angle of 45°—the lower point being under the drilled hole. This is to prevent the running of the ingoing stream of liquid reagent out at the full length groove.

The advantages of this urea flask are:

1st, its lightness.
2d, its compactness.
3d, its simplicity.


12cc
Full length groove.
Half length groove.
25cc

Dr. Groom: In compliance with a request by Dr. Cowl, I move that he be granted the privilege of publishing his paper in a *Medical Journal.* Carried.

BUREAU OF CLIMATOLOGY.

O. GROOM, M.D., Chairman.

Vitiated Air.

By O. GROOM, M.D., Horseheads.

Climate has come to be regarded as intimately connected with health and disease; so much so that a change of air is frequently recommended by physicians.

We find persons unable to endure the severe winters of the North offered, and taking advantage of a hospitable home in the sunny South. Some leave happy homes with pleasant surroundings and betake themselves to some barren hill-top to avoid the emanations from the beautiful flowers which to most persons are a delight.

Particular climates are as essential to the welfare of some individuals, as certain conditions are to the perfecting of many plants.

If at this season of the year we enter one of our large cities, wander down its beautiful streets and enquire with reference to the occupants of the handsome houses on either side, we learn that one family is in the White Mountains, another at Asbury Park, and others at Manhattan Beach, Ocean Grove, Long Branch and similar places of summer resort.

If we walk out on a Sabbath morning for the purpose of attending church, we find imposing buildings of brick or stone and many spires pointing Heavenward; but their massive doors are for the most part closed.

There is an evident decrease of population in cities and an increase throughout the rural districts. If we enquire into the reason of this unusual egress, we find that all are trying to evade the vitiated air of a dense population and seeking that fountain of health—pure air.

We as physicians have constantly before us the victims of foul air, but what poisons the air must be known before any definite steps can be taken towards the prevention of disease.

It has been attributed to various causes, and many theories confront us.

We are told that air surrounds this earth to a height of fifty miles; that this compound in its pure state is a mixture of oxygen and nitrogen in proportion as to weight, as 1 to 5; in volume as 20 to 21; and in specific gravity as 1 to 828.

Ozone is an ingredient found in this mixture, the quantity of which is not at all times alike. Faraday does not consider it a separate element, but only a condition of oxygen which, like carbon, is capable of appearing in various physical states.

Dr. Baumer and others agree that oxygen is allotropic; yet they maintain that ozone is a super-oxide of hydrogen. Whether a separate element or a condition of oxygen, all agree that when in excess in the

atmosphere, it is capable of producing nasal and bronchial catarrh.

Another element found in the air is carbonic acid gas, one of the great destroyers of human health. A constant elimination from the system must occur, or it will become surcharged with this gas and death sooner or later be the result. Untold injury is caused by it in over-crowded, ill-ventilated churches, school houses, and public halls, besides that occuring in our private dwellings. This element, however, is generally acknowledged, and we are glad to say more guarded against than in former days.

The microscopist tells us that other deleterious substances float through the air in every clime and constantly change with the conditions and seasons of each particular locality.

This unseen bacteria world will furnish the microscopist and scientist a fruitful field for investigation for years to come.

It will be their mission to discover the character of the various exhalations emanating from diseased bodies and from decomposing animal and vegetable matter; to determine the most prolific soil. the season of the year and climate best suited to the propagation of disease germs, and whether they are or not of an organic nature.

This done, the sons of Esculapius will be better prepared to battle with the disease producing elements. Until then, we must grope along in the old beaten path with doubts and uncertainties as to the real character of our enemy. During the interval we can speculate and compare notes in regard to facts in our practice. From our own observations and those of others we can form theories on which to work, but they must suffice for the present; certainties may be the happy inheritance of future generations.

The investigations and observations of a number of years have strongly impressed me, that the deleterious substances in the air can naturally be divided into disease producers and those that deprave the system; and, that the destructiveness of the former in a great degree depends on the latter; that when the germ or poison of a disease producing element is planted in a system vitiated by breathing the noxious exhalations from sewers, cess-pools, or the air from illy-ventilated apartments, then is observed the most fatal results. It is an acknowledged fact that the system of the beer-drinker, though presenting every appearance of the most robust health, becomes so corrupted that disease preys upon him with the greatest severity. A similar condition of the system I believe to be caused by vitiated air.

About twenty-five years ago I was called to attend a child that was sick with malignant scarlet fever. The region of country was healthy and the home an isolated one. The mother had been at a house where there were mild cases of this disease and no doubt brought its germs in her clothing to her youngest child.

In the house and all about their squalid tenement were filthy exhalations and deleterious odors. The child after two weeks or more began to convalesce, and three others were taken with the disease. All four of the children, like the beer-drinker, were to all appearance pictures of health. But the conditions of their systems, by breathing that impure

air, caused them each to have the disease in a malignant form.

The last three, under the regular treatment, were laid in their graves. This was at a time when it was more difficult to get people to allow pure air into sick rooms than at the present time.

While many, from their standpoint, come to the conclusion that emanations from cess-pools, etc., are disease producers, that the result produced by these decomposing substances is a disease element capable of producing diseases of various kinds, I must differ, though I admit it to be an unsettled question.

Some agree with me that the disease poison of variola, varicilla, measles, scarlet fever, etc., are only exhaled or eliminated from a person suffering from these various diseases, but contend that diphtheria may be produced from illy-ventilated damp rooms and cellars, and from filth in general. But my opinion is, that filth is not capable in itself of producing this disease, but that it may form hot-beds in which to propagate certain germs which may be developed outside the body. I was among the first to proclaim that diphtheria poison was only generated by its action on the human system, and was disseminated through the air to the throat and lungs of others, thus reproducing the disease germ.

It is now quite generally conceded to be contagious and the disease germ not produced outside the body. Only when enough germs are eliminated by many sufferers to fill the surrounding air, does the disease become epidemic.

I will give an account of some severe cases of diphtheria which came under my observation a few years ago. We had then no case of diphtheria in our village, and had not had for some time previous.

The family was composed of parents and three apparently healthy children, two sons and a daughter, between the ages of six and twelve years.

The youngest, the daughter, was taken severely sick with varicella and the father was sent for to come home. He was then at work in a village about sixty miles away. They were there having diphtheria in an epidemic form. Though he was not exposed to the disease other than the general atmosphere, after he had been home about ten days and the daughter was convalescing from the varicilla, she was taken vomiting and grew rapidly sick.

As pocks had formed on the labia majora, my attention was called to their extremely inflamed condition. I found the organ, much swollen and the mucous surface, as far as discoverable, covered with a grayish brown membrane.

I informed the parents that it was probably diphtheria. It proved fatal in a few days. There was no forming of membrane in the throat nor swelling of the tonsils or other glands.

The oldest son was taken about the time of the death of the daughter and the second son eight or ten days after. Both cases were of the most malignant form and proved fatal. The last two had the disease in the usual way; the membrane formed on the tonsils and extended to the larynx and trachea. As they lay in the sitting room and parlor during their sickness, there was no unwholesome air other than that produced by the

disease; though at first, it was difficult to impress them of the necessity of letting air from out of doors into the rooms of the sick.

I learned afterwards from those outside the family, that they were in the habit of staying most of the time in the kitchen which was very poorly ventilated; that a door opened from this room into the cellar which was and had been for some time in a condition that caused the worst of odors to be sent into the room every time the door was open.

Is it not probable, if not conclusive, that the emanations from this cellar together with living in ill-ventilated rooms produced a depraved condition of their systems; that the father brought the disease germs home with him, transmitting them to his little daughter whom he held much in his arms, and that the sons were infected from her? By disinfectants and close quarantine the disease was not communicated to any other person.

If it is established that the heretofore zymotic diseases whose effect upon the system was formally supposed to be a ferment are of a bacteria or germ origin, we would naturally conclude that they should be divided into two classes with regard to propagation, those that generate in the human system and those outside of it.

The first vitiates the air in sick rooms by being thrown off with the excretions. The other fills the air with its germs in the region where propagated, and if enough is propogated to fill the air of the surrounding country, we have an epidemic of that particular disease. It may yet be known what particular condition and climate generates each particular disease germ. If the place is an extensive one the epidemic will reach over a large area.

A cloud of vitiated air in the form of malaria has hovered over Horseheads for the past four seasons. The first year after the Chemung Canal was abandoned the cloud was small, the next two years large, and this year not so large. I will quote from the report of the State Board of Health and then relate further facts in the case.

On the subject of miasm arising from the old canal prism, the first report, made to the Governor, related to the canal extending from Chemung river northward to Seneca Lake, which upon each of its successive levels between its forty-four locks had become a miasmatic breeding bed, while from the forty-fourth lock southward to an obstructing dam at the village of Horseheads was an extended and an entirely stagnant pond with mud margins. The dam here mentioned had been authorized by a special enactment of the Legislature in 1879 on the request of the people of Horseheads. Throughout the most populous portion of the entire valley here described, more than one half of the inhabitants had suffered from disabling malaria.

Though this report may be somewhat exagerated, the old abandoned canal has been the means of much suffering.

That portion in which we as a village are most interested extends through muck with a clay subsoil for about a mile along its east side, adjacent to the business part.

Large and numerous springs pour into the canal, ths keeping the water throughout this length to the height of about 2½ feet, obviating

much of the sickness that would otherwise be caused. A small stream constantly flows from it over a waste weir.

The dam spoken of above, was put in by the State to keep the water from Newton Creek, when it overflows its banks in the time of a freshet and enters the old canal bed, from going north and doing damage to the villages below. It was not done at the solicitation of the people of Horseheads. After the dam was built, we asked for permission to have the control of the Waste-gate a little south of our village. It was granted, and we believe that by keeping this malarial mud in a measure covered with spring water, we have prevented a great deal of suffering.

Much of our trouble we think has sprung from another source.

On the east side of the canal extending for about a quarter of a mile is a swamp of 15 or 20 acres, the level of which was, when the canal was full, about two feet lower than the water in the canal, so that the swamp during canal navigation was constantly supplied by leakage with fresh water.

Now the water in the canal is lower than the swamp, which has become partially dry and impure. This, together with the mud margin of the canal, has caused many to be sick with malarial fever and will continue to do so until the canal is renovated and the swamp drained.

If the premises assumed in our paper be true, the diseases most likely to be produced in winter and spring in our climate are those that propagate their germs or poison in the system. They are thrown off into the air of a sick room, and visitors and attendants are more likely to become infected and carry the disease in their clothes to others, than at seasons when there can be a free circulation of fresh air in the rooms.

In summer we are more troubled with those diseases that generate in swamps, cess-pools and places where there is decomposing vegetable matter, such as malarial and other fevers, and I think cholera and dysentery may be classed among them. There is no doubt but climate has much to do with propagating these diseases which germinate outside the body. Many of them disappear at the first frost, others require to be frozen to destroy their germinating qualities but flourish luxuriantly under a tropical sun. Hence it will follow that to destroy germs generated outside the person we must destroy the places of germination either by renovation or disinfectants.

To prevent a spread of those generated in the system, we must quarantine the person infected, and, when convalescent, renovate the room by disinfectants or fumigation. This is a very difficult thing to accomplish, as many people are as doubting with regard to the idea of disease remaining in paper as some doctors are of the effect of homœopathic remedies.

But the great exterminator of disease germs from the sick room is the free circulation of pure air driving out the impure.

In presenting this paper I could not expect to instruct this Society, but have aimed to offer for your consideration a subject upon which too much thought can not be bestowed; one which of late has engaged the attention of all philanthropic physicians. Let us not only seek to alleviate the sufferings of mankind, but also endeavor to discover and point out to others the road to better health and nobler manhood.

Dr. Hasbrouck: "Mr. President, I move a vote of thanks to the members of the Broome County Society for their kind and untiring hospitality."

Seconded by Dr. Groome. Voted.

"And also the thanks of this Society to the Broome County authorities for the use of the Court House."

Seconded by Dr. Terry. Voted.

Dr. T. L. Brown acknowledged the courtesy in a few well-chosen words.

Dr. J. L. Moffat moved that permission be granted to Dr. Sterling to publish his paper "On the Relation of Certain Ear Diseases to the Brain."

Voted.

At 1 P. M., the society adjourned to meet in Albany on the second Tuesday in February next.

JOHN L. MOFFAT, M.D., Secretary.

Proceedings of the Thirty-Fourth Annual Meeting of the Homœopathic Medical Society of the State of New York, held in the Common Council Chamber, City Hall, Albany. Tuesday and Wednesday, February 10th and 11th, 1885.

The proceedings were opened with prayer by the Rev. G. C. Baldwin, D. D., Pastor of the First Baptist Church, of Troy after which the president delivered his

OPENING ADDRESS.

Members of this Society:—

We recognize, in our coming together, the existence of a law whose influence is broader and deeper than that of any law framed by man. The gregarious instinct in humanity is as ineradicable as universal. Neither geography nor history mentions a tribe or people not possessed of a propensity to converse. The intentions, the purposes with which men in all ages and countries have assembled and continue to assemble, are found to correspond in elevation to the degree of cultivation, mental and moral, attained by the conventionists. Grant that the individual man is frail and puny, if you please; it must, however, be conceded that in all the world there is no spectacle so significant and sublime as a mass of men, whether they appear as a mob, an army, or a learned society. But it is necessary to repeat that the color and tone of this significance must harmonize with the character of the units that compose the aggregate. Given to each individual a pure personality, a high mental refinement, and a warm earnestness of purpose; supplement this with unity of design, and there will certainly issue from the convention a stream of laudable and beneficent action. This being true, what may not be exacted of each of us, and, as a *sequitur*, expected of our society?

My first words to you are congratulatory. That "A house divided against itself cannot stand," is an axiom. In all organizations, individual or collective, harmony is indispensable to the highest success. To obtain and maintain a concurrence of design and mode of action is, perhaps, the supreme difficulty in all societies.

It is with great pleasure, then, that we see in our ranks, whose numbers are swelling, no family jars, no sounds or signs of civil strife; brother does not war with brother; the lion of a roaring practice lies down with the lamb of a gentle income, upon this we may most heartily congratulate ourselves. Nor will the pleasure derived from this view be alloyed if you will indulge me in a brief retrospect. For the following bird's eye view of the interval between 1850 and 1862, I am indebted to the courtesy of Dr. H. M. Paine. Our society was organized in 1850, and was then composed of a membership at large throughout the State. After a lapse of four or five years, it was deemed advisable to secure corporate advantages, corresponding to those of the old school associations, and to do this it seemed simplest and best to change the basis and substitute that of the county organization. To this end, a bill was presented to the Legislature in 1856, which met with instant defeat through old-school antagonism. The next year, Speaker Raymond favoring, the bill was placed in the hands of an impartial committee—not the committee on medical societies, always largely composed of old-school physicians, and became a law. Then three or four years' hard work was required to awaken local enthusiasm in the several counties. In this era of comparative stagnation, Dr. Paine and others seeing that there existed a sufficient number of county organizations, drafted a bill having all the provisions of the law of 1813 and of its amendments. This also was extinguished by the Legislature of 1861. Under the guidance of Prof. Dwight, a bill of simpler form was then prepared which became a law in 1862, and, in accordance with its provisions, the society was organized in May of the same year. The first year all the members were delegates —then followed permanent and delegate membership. To acquire a legal status equal to that of the old-school, and to afford a legal standing to certain practitioners of the State who had no license, were some of the objects sought. Of the privilege indicated, it should be added, many immediately availed themselves. And, now permit me to call your attention to a few figures that shall serve as an exposition of the progress made by the society since its organization, May, 1862. In 1872—ten years later, the membership was 155 with a total income of $470.00. In 1877, the membership had reached 170; with receipts of $715.00. Our present membership is 214, nine of whom are non-residents, seventy-two delegates who are not permanent members, fifty-five honorary members; thirty-four county societies, entitled to 106 delegates but only electing ninety-five, eighteen institutions which are not recognized by our constitution and by-laws appear in the roll of delegates; (should this not be corrected?) Our total receipts are now about $1100. To any who may inquire concerning the distribution of the funds received, we are enabled to give this satisfactory reply—they are all expended in the interests of homœopathy. This retrospect, so fruitful in its promise of a steadily

enlarging horizon, may well fill our hearts with high hope and renewed zeal.

A word, if you please, upon a subject that nearly concerns us all as members of a learned profession. The sentiments presented in the annual address at Binghamton concerning the importance of education can scarcely be too often re-iterated. That "to know him intimately is a liberal education," should be true of each one of us. Though members of a kindred fraternity may deem it not inconsistent with their self-respect to issue papers marred with the tracks of illiteracy, let us not ignore the fact that it is essential to the maintenance of our dignity as scholars, physicians, and gentlemen, that in the expression of thought the vestment shall be worthy of the thing invested. The idea, however great its merit, that is imperfectly or improperly clad, is shorn of much of its value. Do not suffer it to be said by any who may read our papers that we are slovenly in our syntax or original in our orthography. Add a grace to each thought in clothing it, so that the resulting message may be worthy of you and of your intention.

Will you please to consider attentively the following questions. Is not the publication, elsewhere, of our papers, that thus appear in the transactions only at second-hand and with secondary value, wholly unwarrantable? What can be said in favor of the practice? Who will defend it as being decorous or dignified? Is it not an evil, whose growth is to be apprehended? Shall we not enact that a special permission be requisite for such publication in advance, or that it shall not be allowed in any case?

We repeat, and with the utmost emphasis, the recommendation of last year, that our transactions shall be given to all paying members and delegates. To this we add an urgent appeal to the county societies exhorting them to send their full quota of delegates, and to assume the dues of such delegates, thereby insuring the financial success of the society. Is an elaborate argument needed to establish the fact that there is in this regard a seeming lukewarmness in the county societies? What shall be said and done to infuse an increase of vitality into these languid organizations? There is, just here, an obvious need of Promethean fire, who of you will rise to the occasion and make the application? Has it, perhaps, escaped the memory of some of the members—it has certainly escaped their attention—that the payment of dues in advance is rigidly prescribed and should be as promptly as cheerfully observed. By all means, remember that individual tardiness in the line of this duty is incompatible with perfect working order in a collective capacity.

To secure the greatest possible pleasure and profit from the discussion of papers, we recommend that the chairman of each bureau shall announce the subject for the next meeting, and shall select two members from his bureau who shall specially prepare themselves to act as leading disputants.

The proposed new medical bill as now before the Legislature should and must be defeated in all of its provisions; let one committee be endorsed by the society, make the utmost possible out of every circumstance and element of power within their reach to secure that end. We must never accept a minority representation on the examining board. That which

we wish of legislation is well known to you all. There are other things than liberty of which "eternal vigilance is the price," and we most earnestly commend to you the spirit of this well-known motto, especially to the committee on Legislation, till we shall have secured all that we desire, need, and are justly entitled to have.

We recommend the striking out of the last three lines of page 299, Transactions 1884, in Section 8 of the By-laws.

At the last annual meeting my predecessor recommended a *new departure*, changing the by-laws whereby the annual address should be delivered at the semi-annual meeting. While it may be perfectly proper, it seems much out of place to have an annual address at a semi-annual meeting. Neither would I have an arbitrary by-law. Exigences may arise when the important interests of the society and the cause should seem to demand the address at the annual or semi-annual meeting.

Therefore, I would recommend that the by-laws be so constructed as to give the presiding officer, President, the privilege of deciding, as best suits his convenience or inclination, at which meeting he will deliver his address.

As we have several thousand volumes of transactions on hand, and more accumulating, we recommend that the treasurer be instructed to secure a proper room in a fire proof building for their storage.

To secure the proper care to these volumes, I would recommend that notice be given at this time for an amendment to the constitution creating the office of Librarian.

Believing that their presence here is attributable to the influence of a genuine interest in their profession, we extend to delegates of other state societies and to all physicians who are neither members or delegates a cordial invitation to participate in our discussions.

In conclusion, I confidently ask you to pardon all deficiencies in your presiding officer and to grant me your aid in making the present meeting one of our pleasantest and best.

I now declare the 34th annual meeting of the Homœopathic Medical Society of the State of New York, ready for business.

Proceedings of the Thirty-Fourth Annual Meeting.

Dr. Hasbrouck: Mr. President, we have with us Dr. George B. Peck, President of the Rhode Island State Society, and Dr. Robert Hall, of Providence. I move that the privileges of the floor be granted them.

Dr. S. H. Talcott: I would amend by adding the name of Dr. A. M. Cushing, of Boston, Mass.

The amendment was accepted, and the motion adopted.

An abstract of the minutes of the semi-annual meeting was read, and approved.

The President appointed the following committees:—

On President's Address: Drs. H. M. Paine, J. L. Moffat and H. L. Waldo.

Auditing: Drs. E. Hasbrouck, A. C. Howland and S. T. Birdsall.

On Credentials: Drs. L. A. Clark and E. W. Bryan.

On Invitations: Drs. T. L. Brown and G. E. Gorham.

On Regents' Degree: Drs. A. R. Wright, W. H. Watson and S. H Talcott.

On Chairmen of Bureaux: Drs. M. O. Terry, F. F. Laird and S. H. Talcott.

The committee on credentials at various times reported the following fifty-three

PHYSICIANS IN ATTENDANCE.

Drs. W. H. Barnes, Chatham; G. H. Billings, Cohoes; S. T. Birdsall, Brooklyn; T. L. Brown, Binghamton; E. W. Bryan, Corning; W. M. Butler, Brooklyn; S. H. Carroll, Albany; L. A. Clark, Cambridge; E. S. Coburn, Troy; C. P. Cook, Hudson; E. L. Crandall, Troy; H. M. Dayfoot, Rochester; C. E. Goewey, Albany; G. E. Gorham, Albany; B. R. Gifford, Madison; E. Hasbrouck, Brooklyn; A. P. Hollett, Havana; Anna C. Howland, Poughkeepsie; N. Hunting, Albany; H. S. Hutchins, Batavia; C. E. Jones, Albany; E. D. Jones, Albany; F. F. Laird, Utica; Helene S. Lassen, Brooklyn; W. C. Latimer, Brooklyn; Clemence S. Lozier, New York; J. F. McKown, Albany; W. E. Milbank, Albany; J. L. Moffat, Brooklyn; A. B. Norton, New York; H. M. Paine, Albany; J. A. Pearsall, Saratoga; L. M. Pratt, Albany; W. H. Randel, Albany; W. F. Robinson, Albany; T. D. Spencer, Rochester; D. E. Spoor, Warrensburgh; C. F. Sterling, New York; R. B. Sullivan, Baldwinsville; S. H. Talcott. Middletown; M. O. Terry, Utica; H. L. Waldo, West Troy; J. T. Wallace, Oneida; W. H. Watson, Utica; C. D. Welch, Albany; A. P. Williamson, Middletown; A. R. Wright, Buffalo. Visitors: Drs. J. M. Demarest, New York; A. M. Cushing, Boston, Mass.; Amos Fowler, Albany; Robert Hall, Providence, R. I.; Geo. B. Peck, Providence, R. I.; A. W. M. Shattuck, Albany; R. Slocum, Albany; E. L. Wyman, Vermont.

Treasurer's Report.

The Treasurer, Dr. H. L. Waldo, read his annual report, which was referred to the auditing committee, and is as follows:—

Received from former Treasurer, - -	$ 197 69
" " sale of books and dues, - -	658 65
Total Receipts, - - -	$ 856 34

EXPENDITURES.

Seal and Press,	$ 12 00	
Stenographer,	30 00	
Printing and binding transactions,	439 95	
Postage, wrapping paper, printing, stationery, exchanges, etc.,	240 88	
Total disbursements,	$ 722 83	
Balance in Treasury.		$ 133 51
The Society owes to the Secretary about		250 00
Leaving us practically in debt,		116 49

ASSETS.*

In Albany County,	15.	In Broome County,	3
In Columbia "	9	In Chemung "	3
In Chautauqua County,	24	In Dutchess "	6
In Erie "	12	In Kings "	18
In Jefferson "	3	In Livingston "	6
In Madison "	6	In Monroe "	6
In New York "	51	In Niagara "	6
In Orange "	18	In Oneida "	18
In Ontario "	15	In Schoharie "	3
In Saratoga "	12	In Steuben "	12
In Schuyler "	12	In Ulster "	3
In Washington "	9		
			270

The Treasurer has made every effort to secure the payment of dues to the Society. Bills have been sent three times during the year to all members in arrears for dues, and an urgent appeal made to them to save the Society from debt.

The reduction of the dues of county societies from five dollars per delegate to three dollars per delegate, has made a difference of $94.00 in the income of the society for the past year; nearly enough to pay our present indebtedness.

From the fact that this year the annual volume of Transactions was *given* to each member whose dues were paid, there have been sold but ten copies of the volume to physicians residing in this State. In former years the members paid one dollar and a half a piece for these books, which greatly assisted the treasury.

To these two causes, the reduction of the dues of delegates and the gratuitous distribution of Transactions, is due the present depleted condition of the treasury.

For books sold in 1883,	$ 204 00
" " " " 1884,	41 50

*Including individual back dues.

Nomination of Officers.

For President.—Dr. W. H. Watson: Mr. President, in the long list of those who have occupied the honorable position of President of this Society during the thirty-five years which measure its existence, are the names of many physicians possessed of all those qualities of mind and heart which adorn and dignify the medical branch of our noble profession. Among that number, however, I discover but few who are distinctively known as surgeons. I propose, therefore, to present for your suffrage a surgeon, whose name, when announced, will, I believe, command your most earnest commendation. I shall present the name of one who possesses in an eminent degree the qualities which must ever enter into the composition of the true surgeon—courage and self-possession in action, combined with the most cautious deliberation in diagnosis and entire honesty in prognosis. I bespeak your suffrage for no mere medical carpenter, or "knifeman," as such operators have been fitly characterized by the lamented Gross, himself one of the brightest exemplars of his profession, (for of such, although it must be admitted that they unfortunately do exist and continue to ply their nefarious calling, language would fail to express my abhorrence), but for the careful, conscientious and honest man, who, possessing the courage of his convictions and discarding self, acts solely from a desire to benefit his patient, and throwing aside all unworthy temptations to use the knife as a means of gaining the plaudits of the multitude or of enhancing his own professional reputation, makes the case of the patient his own, and acting upon the golden rule of "doing unto others as ye would that they should do to you" with calm, aye, it may be, with prayerful deliberation, enters upon the discharge of the solemn and most responsible duties of his calling; ever preferring the saving of a limb to the éclat of a brilliant operation. Such a surgeon—yet a ready and fearless operator whenever the operation is justified by the circumstances of the case, as is amply attested by his successful extirpation of the thyroid gland (an operation which has rarely been performed by the boldest and ablest surgeons of either Europe or America, a surgeon conservative and prudent in every case—a man who never turns his back upon his enemy, and (what in this venal age is still more rare) never deserts his friends—alike loyal to his patient and to his profession, because true to himself—Surgeon, with the rank of Major, of the Fourth Brigade of the National Guard of the State of New York, a prominent member of the bureau of surgery in the national conclave of our profession, the leading surgeon of central New York,—I present to you in Dr. M. O'. Terry.

Dr. Terry's nomination was supported by Drs. Laird, Talcott and Dayfoot.

Dr. A. P. Hollett, of Havana, was nominated by Dr. Brown; seconde l by Dr. Bryan.

For *First Vice-President.*—Dr. Henry C. Houghton was nominated by Dr. Dayfoot; seconded by Dr. Hasbrouck.

For *Second Vice-President.*—Dr. Talcott nominated Dr. J. H. Demarest,* of New York. Dr. N. B. Covert, of Geneva, was nominated by Dr. Coburn.

*Not a member.

For *Third Vice-President.*—Dr. C. E. Jones, of Albany, was nominated by Dr. Coburn; seconded by Dr. Wright.

Dr. Hasbrouck nominated Dr. A. P. Throop, of Poughkeepsie; seconded by Dr. Dayfoot.

For *Secretary.*—Dr. Wright nominated Dr. John L. Moffat, of Brooklyn; seconded.

For *Treasurer.*—Dr. Waldo nominated Dr. Geo. E. Gorham, of Albany.

Dr. Edward S. Coburn, of Troy, was nominated by Dr. Hasbrouck; seconded by Dr. Talcott.

Dr. John L. Moffat moved that the *Nomination of Censors* be referred to the Committee on Regents' Degree; seconded by Dr. Dayfoot. It was so ordered.

Dr. E. Hasbrouck: I move that the nomination of *Chairmen of Bureaux* be referred to a committee appointed by the chair; seconded by Dr. Dayfoot. Carried.

The chair appointed as such committee Drs. M. O. Terry, F. F. Laird and S. H. Talcott.

Nomination of Permanent and Honorary Members.

Dr. J. L. Moffat: I have applications from the following physicians for permanent membership:

Russell F. Benson, M.D., of Troy; College of Physicians and Surgeons, N. Y., 1876; N. Y. Homœopathic Medical College, 1877. Vouched for by Drs. H. L. Waldo, E. S. Coburn and C. G. Clark.

S. N. Brayton, M.D., of Buffalo; Physicians and Surgeons, N. Y., 1861; vouched for by Drs. H. M. Paine, H. M. Dayfoot and F. Park Lewis.

Walter R. Case, M. D., of Poughkeepsie; N. Y. Homœopathic Medical College, 1865; vouched for by Drs. Anna C. Howland, E. S. Coburn and E. Hasbrouck.

Willis B. Gifford, M.D., of Attica; University of Buffalo, 1876; vouched for by Drs. A. R. Wright, H. S. Hutchins, E. W. Bryan.

Geo. G. Shelton, M.D., of New York; N. Y. Homœopathic Medical College, 1883; vouched for by Drs. T. F. Allen, S. H. Talcott and F. F. Laird.

These were referred to the censors, under the rule.

Dr. E. S. Coburn: I nominate Dr. H. C. Allen, of Ann Arbor Mich., for honorary member.

Dr. J. L. Moffat: The by-laws state that nominations for honorary membership should be accompanied by reasons why the honors should be so conferred.

Dr. H. M. Dayfoot: I have known Dr. Allen for twenty years. I deem him eminently fit to be entitled to this honor.

Dr. J. M. Lee: I nominate Dr. Elias Vernon of Hamilton, Canada, as honorary member. I have known him as a very good practitioner; he is a very eminent physician there.

Dr. H. M. Dayfoot: He is also a member of the Examining Board of Canada.

Selection of Time and Place for Semi-Annual Meeting.

Dr. E. W. Bryan: I move that the next Semi-Annual meeting be held at Grove Springs, Keuka Lake, Steuben County. I ask this at the request of the hotel proprietors there. They would take all pains possible to entertain you comfortably and they would make their rates as reasonable as could be made. They would charter a steamboat that would be at the command of the society during its entire session. It is a watering place and summer resort that is becoming somewhat public; and is owned by patrons of homœopathy, who would spare no pains to make your stay agreeable.

Dr. J. M. Lee: That is the home of my boyhood and I am familiar with all its surroundings. I would most heartily second this place as the place for our next Semi-Annual meeting.

Dr. H. M. Dayfoot: I would name Niagara Falls as the place for holding the next Semi-Annual meeting.

On motion of Dr. E. Hasbrouck this matter was laid over until the second day.

Report of "Special Committee of Conference with the Old School State Society."

Dr. S. H. Talcott: I have to state in regard to this report of the special committee, that there has been no conference between our committee and the committee of the old school. The Secretary notified them of the appointment of this committee, and received the following reply:—

"NEW YORK, Oct., 22d 1884.

Dr. JOHN L. MOFFAT, Sec'y., etc.,—

DEAR SIR:

At a recent meeting of the committee on legislation of the Medical Society of the State of New York, your communication to Dr. Piffard was presented. The committee instructed me to acknowledge its receipt and to say that if we succeed in arriving at any definite conclusion in the matter we will be glad to confer with your committee.

Very respectfully,

DANIEL LEWIS M.D.

Secretary of Committee."

I don't know that any conclusion was arrived at, until at the meeting last week they drafted a bill and had it presented to the legislature for action. They have offered no conference to this society and of course, as we are in the minority, we have waited for an offer on their part; having received none, there has been no conference. I should judge from their action that they have no special anxiety to confer with this society. It seems to me that the best thing to do, is to go on and act independently as a society.

On motion of Dr. Hollett the report of the committee was received and adopted.

Dr. H. M. Paine: What position does that place the society in?

Dr. S. H. Talcott: In a position of independence with regard to the old school society.

Report of the Committee on Legislation.

Dr. S. H. Talcott: The Committee on Legislation has to consider the advisability of presenting to the legislature a bill creating Boards of Medical Examiners. I have a resolution relative to this matter, which I would like to present to this society, but before presenting the resolution I would like to have Dr. Paine read an article upon that which embodies the views of the committee.

There being no objection, Dr. H. M. Paine read the following :—

The Organization of State Boards of Medical Examiners.

By H. M. PAINE, M.D., Albany N. Y.

The annual paroxysm of Medical legislation is upon us. The old-school State Medical Society has again given an entire evening session to a discussion of a bill to establish a single State Examining Board. The discussion was animated. Intense interest in the subject was manifested.

Motives and Objects Had in View.—The motives which prompt the continued discussion of the subject from year to year, spring from a desire to suppress both local and itinerary practice by incompetent and uneducated persons; also to check, measurably at least, the influx of comparatively unqualified physicians constantly being graduated from medical colleges.

Under the Present System a Uniform Standard of Acquirements is Impracticable.—The objections to the present system, that of granting a diploma which is also a license to practice, grow out of the impossibility on the part of the medical colleges to secure a uniform standard of acquirements. Uniformity of excellence can be established only by a central body, dissociated from college interests, having sole power to grant licenses to practice.

State Boards of Examiners are Required in Order to Diminish the Number of Practitioners by Elevating the Standard of Requirements.—There would be no objection to the voluntary establishment of such supervision of their work by the medical colleges themselves; inasmuch, however, as a voluntary and mutual arrangement cannot be expected, it is proposed to create one or more State Examining Boards, in order that the number of those entering the profession shall be diminished, and, at the same time, those who do enter, shall be better qualified.

The Plan Proposed by the Old-School Provides for Single, Mixed, Examining Boards.—Last year a bill was presented which originated with the Erie County Medical Society, and which had been formally approved by more than twenty other old-school county societies. The general interest exhibited shows that there is a very earnest desire, on the part of the old school, for a decided change in the direction contemplated by the proposed legislation; and further, that one central examining mixed board, meets their cordial approval.

The form first presented this year, provided for a plurality of boards; that is, it proposed that two boards be formed; one for the Northern and

one for the Southern portion of the State. This form, on being presented to the State Society, as a distinct issue, was promptly discarded; another was substituted providing for a single mixed board, composed of representatives of the three schools, the eclectic and homœopathic having three out of the nine members.

OBJECTIONS TO THE FORMATION OF A SINGLE MIXED BOARD, HAVING A MAJORITY REPRESENTATION OF OLD-SCHOOL MEMBERS.

Objections on Account of Want of Harmony Among Rival Schools.—One reason why homœopathists object to the formation of a single examining board, with minority representation, arises from the fact that there is not a sufficient degree of harmony among members of the different schools. It is to be remembered, however, that the evidences of antagonism have proceeded wholly from the old school. Homœopathists have from the beginning been willing to meet and associate with the allopathists on terms of equality; they will not, however, take a second place, or, in a body such as is proposed, accept of minority representation.

Antagonism to Homœopathy Indicated by the Refusal of the Faculties of Certain Old-School Colleges to Accept Certificates of Time from Homœopathic Preceptors.—The old school shows its antagonism to homœopathy by allowing the faculties of certain medical colleges to invidiously discriminate against homœopathists by refusing to graduate students holding certificates of time of study furnished by homœopathic preceptors. Such a certificate, although equally valid before the law with one furnished by an old school physician, is repudiated, and the student is subjected to unnecessary expense and inconvenience.

This is one of the weakest exhibitions of persecution and intolerance ever resorted to by the old school. It is a most unjustifiable act of discourtesy toward educated and qualified homœopathists. It has its origin in the most rigid sectarianism, and is prompted only by prejudice and intense hatred of the homœopathic system and its representatives.

Homœopathists have never stooped to retaliate in like manner. Who ever heard of a Homœopathic Medical College requiring certificates of time from homœopathic preceptors exclusively?

Antagonism to Homœopathy Indicated by the Refusal on the Part of Old School Faculties to Accept Medical Lectures at Homœopathic Medical Colleges.—The old school shows its hatred of homœopathy, by its treatment of homœopathic students. Those students who have attended one course of medical lectures at a Homœopathic Medical College, cannot attend a second course at an old-school college and graduate. They are required to attend two full courses at an old-school college. One course of lectures at a Homœopathic Medical College is not by them considered in any sense evidence of having pursued the study of medicine such as the law requires. They peremptorily and without reason throw discredit upon the ability and standing of the course of instruction established in the Homœopathic Medical Colleges, simply on account of their intense antagonism to homœopathy. No such invidious discrimination is made by the old-school when students come from other old-school colleges

whose terms of study correspond with their own. If the course of study in the Homœopathic College is as long and is equal in thoroughness as that of their own, it is not counted even then.

Antagonism to Homœopathy Indicated by a Refusal, on the Part of the Old School, to Recognize the Legal and Professional Status of Membership in Homœopathic Medical Associations.—The old-school shows its opposition to our system of practice by requiring all who are in fellowship with us, yet desire to become affiliated with their societies, to first withdraw from all homœopathic association. This unnecessary procedure also indicates antagonism which is purely partisan, not being required by exigencies under any circumstances likely to occur, except those founded on their own prejudices and personal preferences. It is inconceivable that the mere membership in a homœopathic society, having essentially the same purposes and objects, should in any way interfere with standing or influence in an old-school society. Hence the only admissible inference is the one based on personal objections to homœopathy, and not a sincere desire to promote the public welfare.

Antagonism to Homœopathy Indicated by a Purpose on the Part of the Old School to Control Medical Legislatiou Chiefly in its Own Interests.—Still another evidence of a disposition on the part of the old-school to control medical matters in its own interests, is shown by the method adopted for procuring the legislation proposed in the bill to create State Boards of Medical Examiners. The special committee of the old-school State Society has been for many months considering, and has at length perfected a bill for the purpose of creating a State examining board, and investing it with executive power superior to that of the medical colleges, and have at the same time, with amazing assurance, appropriated to themselves a ratio of *two-thirds* of the appointments therein. The old-school evidently has little or no regard for homœopathists or the homœopathic system of practice. Instead of consulting our committee on legislation, with a view of considering and harmonizing conflicting opinions and interests, they ignored our existance; they framed bills having a direct bearing on the growth and prosperity of our school, without trying to obtain an expression of our wishes; they assigned to us a minority representation, because they are compelled by public sentiment to give us at least simple recognition, when, were the conditions reversed, they would consider themselves unfairly dealt with.

Let the old-school come forward in a fair and open manner, and freely confer with the representatives of our society, appointed for that purpose, and show by their actions and not their words merely, that they are actuated by public and not personal or sectarian motives; otherwise we cannot, with any degree of self-respect, lend our support to their measures.

This evidence of antagonism shows that if the old-school managers are disposed to ignore our presence and wishes before the bill becomes a law, they would surely afterward. We have our opinions, plans and purposes, and propose to make them felt in all acts of medical legislation in which public interests, and those of our school, are involved.

Antagonism to Homœopathy Indicated by an Effort on the Part of the Old-School to Promote Sectarianism.—The illiberality of the old-

school cropped out with glaring prominence in the structure of one of the bills proposed last year. It is embraced in these words: "The question for each candidate shall be prepared by the representatives in the Board of Examiners, of the system of practice *to which such candidate wishes to be licensed.*"

The phraseology of this sentence clearly has the appearance, whether intentional or not, of an attempt at the issuance of a *sectarian license*, which, if true, covers a fault of largest proportions. If this means anything, it means that the representatives of the medical profession in the State of New York, after having found a candidate qualified in every other respect *shall license him in a sectarian system only.* It shows that the old-school Board of Examiners, on finding a physician qualified in all other branches except therapeutics such as they approve, but regarding which he has his own views, shall not be permitted to use any and all means at his command for the relief of human suffering. It is enough to fill one with just indignation and resentment to perceive such evidence of old-school illiberality. With such purposes and prejudices pervading an examining board having a large preponderance of old-school members, it would be impossible to secure action free from a partial and sectarian bias.

Our students would soon perceive that their interests would not be protected, nor their preferences respected, hence would soon cease to allow themselves to be registered under any auspices other than those of the old-school. They would soon perceive that the presence in the board of only one or two homœopathic members was wholly insufficient to secure the protection of their individual interests, and that these would be better promoted by entering upon the study of medicine only under old-school supervision. As a direct result, the number of those who afterward would identify themselves with the interests of our school would be relatively diminished.

THE DESIRABILITY OF MAINTAINING A DISTINCT HOMŒOPATHIC EXAMINING BOARD.

Distinctly Homœopathic Organizations Have Been Maintained More Than a Quarter of a Century.—The homœopathic school in the State of New York has long maintained distinct medical organizations. It is thirty-five years since the Homœopathic Medical Society of the State of New York was formed, and twenty-five since the New York Homœopathic Medical College was incorporated.

When laws were enacted by the State legislature authorizing the formation of homœopathic medical societies, State and county, and a homœopathic medical college, the opposition on the part of the dominant school was intense. We were ostracised, disfellowshiped, spurned from their doors, as contaminating and pestiferous.

For more than a quarter of a century we have maintained an independent legal status. We demanded *equal* legal privileges with the old-school; these we have enjoyed; we assumed *equal* legal responsibilities; those we have fulfilled, quite as satisfactorily to the public, we believe, as our old-school rivals have done.

A Change in the Policy of the Old-School.—It now appears that the old-school, having acquired knowledge by experience, has changed its policy. Instead of maintaining an attitude of active opposition, it now proposes to recognize us, and, with our help, form an association by means of which, it is alleged, the public welfare will be better promoted than can be accomplished by either school alone.

Shall Homœopathists Give up Their Distinct Organizations?—The question therefore for us to decide is, whether it is wise for us to accept their offers, and take the place they have assigned us; or endeavor to obtain more satisfactory conditions; or maintain in the future, as we have in the past, a distinct and independent organization.

Has the time fully come when we can entrust the work of developing and maintaining homœopathic principles and practice to the care of the profession at large?

Homœopathists Still Have Special Work in View.—Is there not a special work in the department of therapeutics, still in its incipiency, which will be far more thoroughly developed and perfected by the homœopathic school, than by the profession as a whole? Is the old school ready to take this great work in hand and carry it forward to completion as satisfactorily as it can, and in all probability will, be done by our own school?

Distinct and Separate Medical Organizations Still Required.—Can we not by maintaining our individuality accomplish this important work with greater benefit to the public, than by merging our societies and organizations into those of the old-school? Leaving out of view our own preferences and interests, in the end will not the welfare of the public be more effectively promoted by a longer maintainance of homœopathic associations and institutions? It seems to me this question must necessarily, for the present at least, be answered in the affiirmative.

REASONS WHY HOMŒOPATHISTS SHOULD DEMAND THE APPOINTMENT OF A STATE HOMŒOPATHIC BOARD OF MEDICAL EXAMINERS.

The reasons for securing the appointment of a State Homœopathic Board of Medical Examiners, may be summarized in the following propositions:

State Examining Boards are Necessary in Order to Correct Existing Evils.—The old-school, in its repeated discussions, has conclusively demonstrated that the organization of State examining boards is necessary in order to correct evils that cannot be otherwise overcome; in fact, are fostered and perpetuated by existing methods.

Endorsement by a Committee of the Old-School of a Plurality of Boards.—The old-school State Medical Society, through the report of its special cummittee, presented February 3d, 1885, committed itself to the plan of a plurality of boards. The committee, after considering the subject a whole year, reported in favor of establishing two boards, a northern and southern.

The Old-School, Having Advocated a Pluraliiy of Boards, Cannot Consistently Oppose a Homœopathic Board.—Having committed itself to the advantages derivable from the establishment of a plurality of boards,

thereby having itself proposed the erection of two standards, it cannot now consistently oppose the formation of a homœopathic board, on the ground that it is not wise or expedient to create two or more standards of qualifications.

The Appointment of Rival Boards will Insure Thoroughness and a High Standard.—There is little risk of any essential lowering of the standard of qualifications, for the reason that each will act as a check upon the other; each will be stimulated to perform its work with greater thoroughness than would be the case were there only a single board.

The Homœopathic School is Qualified to Determine and will Maintain as High a Standard as Public Interests Require.—The homœopathic school holds itself to be as well qualified as the old-school to determine the average standard of attainments required in order to secure the promotion of public interests.

The Antagonism of the Old-School to Homœopathy would Ultimately Show Itself in the Board.—Old-school antagonism to homœopathy will continually show itself wherever the members of the two systems have conflicting and rival interests; there is not the slightest reason to believe therefore, that it could by any possibility be kept out of the State Examining Board, provided only one is appointed. For this reason, it is extremely impolitic to fix, by organic law, a relation of the rival schools such as will work to the disadvantage of either.

The Liability to This Risk is not Required by Public Interests.—There are no evidences showing that public interests require the liability to the sacrifices and loss of prestige, which association in a single examining board would subject us, and from which there would be no ready avenue of retreat; on the contrary, there are good and valid reasons why the proposed union should not now be permanently established by law.

The People Do Not Seek and are Not Ready for the Proposed Union.—These reasons plainly indicate that the people are not ready for the legal enforcement of a union of effort on the part of rival schools and systems which would by any possibility prove prejudicial to either.

An Important Therapeutic Work to be Perfected by the Homœopathic School.—A great and important work in the department of therapeutics is still incomplete, and can be effectually and satisfactorily perfected only under the fostering care of distinctly homœopathic auspices; hence, at least for the present, the welfare of the public will be better promoted and protected by maintaining distinctly homœopathic organizations.

A Union of Three Medical Schools in a Single Board is not Advisable.—Neither the good of the profession as a whole, the status of the homœopathic school, nor the welfare of the public, will be promoted by a union of the three schools in a single examining board.

The Homœopathic School Should Demand and Heartily Support a State Homœopathic Board of Medical Examiners.—As a school we should take a decided stand in behalf of the establishment and maintainance of a State Board of Examiners in which a majority of its members are representatives of the homœopathic system of practice.

Dr. S. H. Talcott: The committee on legislation have the following resolution to present, which perhaps embodies two views. The choice

of some members of the society is to have one examining board consisting of members selected equally from each of the State societies. I believe that that is the fairest provision for a State Examining Board that can be had, but some think that that is not a feasible plan; we present therefore the following resolution:—

"WHEREAS, There are good reasons for the establishment of State Boards of medical examiners having sole power to grant licenses to practice; and

WHEREAS, Strenuous efforts are being put forth with a view to creating such central Examining Boards; and

WHEREAS, The creation of such examining Boards will influence the position and status of the homœopathic school; therefore

Resolved, That in the opinion of this society the interests of homœopathy, its standing and its public work, will be better and more satisfactorily conserved by the establishment of State Boards of Examiners, one for each State Medical Society, and that one of these shall consist of seven members, five of whom shall be representatives of the homœopathic school, said appointments to be made by the Board of Regents of the University; and we ask that the bill now before the Legislature be amended to conform to this resolution."

Dr. H. M. Paine: I would state that the only objection that the old school has ever made to a plurality of Boards, is that it divides the standard of requirements. The only answer to that is that we can take care of that ourselves. We can fix and sustain a suitable standard of requirements just as well as they can, and if they can't trust us to maintain a standard that the public will have confidence in, we can't trust them. We certainly can't trust them if they are to put us in the minority where we have no voice. If we have an independent board of our own and have our own standard, we think we can put it up where it ought to be, whether it satisfies the old school or not.

Dr. S. H. Talcott: I may state that the provisions of this resolution are such, that each board may have representation from each school. In this bill we provide that an allopath and eclectic can be on the board. The same kind of a board may do for the old-school, and the eclectics and homœopaths could hold them in check. The provisions are as equitable as can be under the circumstances. There are objections in some minds to have more than one board.

Dr. H. M. Paine: It seems to me that that resolution ought to be amended so as to give the committee on legislation some latitude in carrying out the spirit of the resolution. It is impossible to tell what may occur during this winter, and therefore the committee on legislation of this society ought to have liberty to act for the society. The resolution ought to be amended so as to instruct the committee to do in the premises what they think wisest and best.

Dr. S. H. Talcott: It seems to me that while the committee have a choice between two methods, whatever method the society should wish to carry out should be adopted; that is, the society should say we are in favor of one board with equal representation, or we are favor of three boards, etc., but the committee should not be empowered to do what the

society knows nothing of at the present time.

Dr. A. P. Hollett: This is a matter of great importance and ought to receive great consideration. This should not be confined to one part of the State, it should extend to all parts of the State and the rural districts should be heard from as well as the city. It seems to me in this matter of Examining Boards, that there are persons who are perfectly competent to conduct this examination in every judicial department of the State. If you are acquainted with the judicial organization of the State, you know that it is divided into four judicial departments. I think it would be right to appoint a committee in each department, and not require students, after graduating, to travel hundreds of miles to pass this examination and pay out monies that they are unable to spare at the time; and I for one am most decidedly in favor of more than one board of examiners. I feel that every part of the State should be represented in this matter, and we of the rural section should have as much to say as those in the city. I believe that if we should provide that the Regents degree should be the only license to practice medicine, and that the Regents should appoint a board in each judicial department of the State, then we would have a bill that would fill the purpose for which it was designed.

Dr. H. M. Paine: The object of this law is to prevent this very thing. The entrance to the medical profession is too easy. One object of raising the standard is that fewer may gain admission to the profession, and if the board of regents should appoint examining boards in different parts of the State, it would amount to almost the same thing as an examination by a county society. It is not wise to do that. The present law allows the Board of Regents to appoint the Board of Examiners. The object of legislation is to make it compulsory, so that students upon graduating from colleges should come before this board to take a license; it is a check upon the colleges—it is judicial in its action, and for that reason the representation of the different schools in it should be equal. It is not created to represent the relative numerical status of the profession.

Dr. A. R. Wright: I believe the members of this society understand pretty clearly what we want and need; that we have to have equal representation on this board. The practical method to accomplish this is to say what we want; if we are not careful we will be left as we were with the State Board of Health; after working five or six years, we found that the old school society had everything prepared, and our hands were tied entirely. It is a matter that we should look upon as a duty that the medical profession owes to the State, to give to the State qualified medical practioners; that is the object of the law, that the people should not be imposed upon by improperly qualified men. How should we accomplish this best? I don't see that we are getting any nearer to it than we were when this question was open for discussion years and years ago. It looks to me that if it is practicable to adopt the bill now before the legislature, which proposes the appointment by the regents of allopathic and homœopathic examiners, we can appoint by equal representation on the commission as sharp men as they have to see that our rights are maintained. I look upon it as a practicable method of coming to a

conclusion in this matter. It seems to me if by these means it could be adjusted, we could get our rights, instead of the doubtful way of going to the legeslature individually or by committee.

Dr. A. P. Hollett: The *legal* profession has successfully elevated their standard of qualification and they are not doing it by a single board of examiners, for they have a board of examiners in each judicial department. There is a certain standard of qualification fixed and it is the duty of the examiners to see that the students come up to that standard, and I think we can do the same. I don't see any necessity for establishing a board of examiners that will have the dictum of the whole State; a board who will dictate to us what we should do when we have men in all parts of the State, that are just as capable of judging the qualifications of a student. We can have the same standard, as now provided by law, for the entire State.

Dr. M. O. Terry: I move that the committee on legislation be authorized to select one of these two methods proposed.

Dr. J. L. Moffat: I think that the proposed bill should have one protest urged against it, and that is that the colleges should not be represented in the State Board of Examiners. The college in accepting its charter contracts to educate medical students for the practice of medicine and surgery, and—strange to say—decides whether it has fulfilled its contract. Evidently the State alone should be the one to decide that point.

Dr. Watson: The German physicians are the best educated men in the world. The government appoints the professors in the college to educate the student, then it appoints a board to examine the graduates. It seems to me the colleges ought not to be represented on the board.

Dr. E. Hasbrouck: I move the adoption of the preamble, and add that the legislative committee be instructed to demand one board with equal representation, or three boards, as embodied in Dr. Talcott's resolution.

Dr. H. M. Paine: I listened to the remarks Tuesday evening at the meeting of the old-school society, made by Dr. Loomis who has been the principal opponent of the formation of a central board. He told the society very plainly and distinctly that they could not have a board without college representation, for fear of ring rule. He represented a good many thousand dollars of pecuniary interest, all these colleges are private institutions, and they propose to have one or two men in each one of these boards. At the close of their session the bill was voted down and this bill was substituted, providing for representation of professors in colleges. The old-school is bothered what to do with us. Is it not better to let us examine our own students? I ask Dr. Wright if he wants our students to have such trouble, such difficulty? How much more safe it would be to have our own boards distinct from the old-school.

Dr. H. M. Dayfoot: I merely wish to remark, as the result of some experience with the examining board in Canada, that if you expect the lamb to go to bed with the lion and get a full share of the bed, you will see that when the lion gets up the lamb wouldn't be there.

Dr. A. P. Hollett: I move as an amendment "to provide for separate and distinct boards of medical examiners for the homœopathic school."

To enable the members to vote intelligently, Dr. Talcott, by request, read his resolution again.

Dr. Hollett's amendment was then put and declared lost.

The original resolution, supplemented by Dr. Hasbrouck's amendment was then carried

Report of the Auditing Committee.

Dr. Hasbrouck, of the Auditing Committee reported that the committee had examined the Treasurer's report and would certify to it as correct, with one exception. The Treasurer has a number of charges for stationery without vouchers, but he will procure them. On motion the report was accepted and the committee discharged.

Upon recommendation of the Board of Censors, the folloiwng twenty-one applicants were duly elected.

Permanent Members.

Dr. Eliza J. Beach, Waverly, Cleveland Homœopathic, 1877.

Dr. J. W. Candee, Syracuse, New York Homœopathic College, 1879.

Dr. E. L. Crandall, Troy, Albany Medical College, 1880.

Dr. E. Fancher, Middletown, Boston University, 1883.

Dr. L. Faust, Schenectady, New York Homœopathic College, 1877.

Dr. C. N. Guy, Maine, Hahnemann, 1883.

Dr. B. L. Houghton, Greene, New York Homœopathic Medical College, 1881.

*Dr. H. E. Fuller, Lansingburgh, Berkshire Medical College, 1852.

Dr. Theo. K. Knapp, Union, Homœopathic, Pennsylvania, 1854.

Dr. Clemence S. Lozier, New York, Central New York, (Syracuse), 1853.

Dr. E. B. Nash, Cortland, Cleveland Hospital College, 1874.

Dr. O. E. Pratt, Oneonta, Cleveland Hospital College, 1876.

Dr. C. W. Radway, Mexico, New York Homœopathic, 1876.

Dr. J. C. Shaw, Hoosick Falls, Cleveland, Ohio, 1881.

Dr. Jay W. Sheldon, Syracuse, Cleveland Hospital College, 1864.

Dr. Silas S. Simmons, Susquehanna, Pa., University of Vermont, 1860.

Dr. Henry R. Stiles, A. M., New York, University City ofNew York, 1855.

Dr. D. B. Stumpf, Buffalo, Cleveland Hospital College, 1876.

Dr. A. P. Williamson, Middletown, Hahnemann, 1876.

Dr. George W. Winterburn, New York, Eclectic Medical College, New York, 1875.

Dr. Frances M. Wright, Waverly, Ann Arbor, 1878.

Report of Committee to Nominate Censors.

Dr. A. R. Wright: The committee to whom was referred the nomination of Censors would report the following: Northern District: Drs. W. T. Laird, D. E. Southwick, and George Allen; Southern District: Drs. F. E. Doughty, E. Hasbrouck, and Henry C. Houghton; Middle District: Drs. N. B. Covert, W. E. Milbank and E. B. Nash; Western District: Drs. F. Park Lewis, A. R. Wright and T. D. Spencer.

*By Supplementary report.

Laid over until election of officers.

The committee on medical societies and institutions offered no report.

Report of Executive Board Concerning the Washington Fair.

The Secretary presented the following report :—

REPORT OF THE EXECUTIVE BOARD CONCERNING THE WASHINGTON HOMŒOPATHIC FAIR OF LAST DECEMBER.

Gentlemen :—

At the last Semi-Annual meeting of this Society a letter was read from Dr. T. S. Verdi, asking our co-operation in a proposed Fair by the National Homœopathic Hospital Association of Washington, D. C., for the benefit of their hospital.

It was hoped that the profession and laity throughout the country would unite to make the fair literally " national," to which end a table was to be furnished by each State, and we were requested to appoint a committee of influential citizens and a Vice-President to represent our State and to receive and forward contributions.

By vote, the matter was referred to the Executive Board with power.

Prominent physicians in different sections of the State were asked for nominations, and after much delay the following were appointed.

Vice-President,—His Excellency Governor Grover Cleveland, President-elect of the United States.

Committee.

Mrs. Wm. Howard Hart, Troy; Mrs. M. L. Hinman, Dunkirk; Mrs. Henry W. Sage, Ithaca; Mrs. Horatio C. King Jr., Brooklyn; Mr. C. A. Townsend, Brooklyn; Mr. David M. Stone, Brooklyn; Henry Foster, M. D., Clifton Springs.

The committee was not organized, owing to the fact that more names were expected.

The Fair, originally set down for December 15th, was postponed to February 22d because so many strangers were expected in Washington at that time.

On the third of December I received a note from Dr. Verdi, stating that the majority had voted to revert to the original date in order to catch the Christmas trade. I at once notified our committee, but nothing could be done—comparatively—as they had made their arrangements for February.

I heard nothing from Washington until January 14th of this year, when I received the following letter.

(Copy.)

Washington, D. C., Jan. 12th, 1885,

JOHN L. MOFFAT, M. D.

Dear Doctor ;

The Fair cleared about $4000. We are satisfied, though the profession, with the exception of New York and Delaware, did not respond heartily. We are indebted to you, to the New York Homœopathic Medical Society and to your friends for much of our success ; and we tender you our sincere thanks.

Truly yours,

(signed) T. S. VERDI.

Herewith are submitted, for filing, copies of three circulars received from Washington in connection with the Fair, and a copy of the credentials furnished our appointees on the committee.

All of which is respectfully submitted, for the Executive Board.

JOHN L. MOFFAT,
Secretary.

Report of Necrologist.

GLEN FALLS, N. Y., FEB. 9th, 1885.

H. M. Paine, M.D.

MY DEAR DOCTOR:—I find myself unable to attend the present meeting of the State Society.

Enclosed I send what few death records have been reported to me. My papers if you will kindly see to it, should be reported by title, which will give me an opportunity to supplement it with any cases that may come to my knowledge later. * * * * * *

Yours etc., A. W. HOLDEN.

On motion the report was referred back for completion.

DEPARTMENT OF NECROLOGY.

A. W. HOLDEN, A. M., M.D., Glens Falls, N. Y.

Memoralia Mortuorum Collegarum.

CONTENTS:

William H. VanDerzee, M.D.
Levi Wells Flagg, M.D.
Frederic W. Ingalls, M.D.
Abijah Perkins Cook, M.D.
R. E. Caruthers, M.D.

Obituary Notices and Biographical Sketches.

By A. W. HOLDEN, A.M., M.D.

WILLIAM H. VANDERZEE, M.D.

Died at his residence in Albany N. Y.—on Wednesday the 29th of August, 1883, William H. Vanderzee, one of the youngest, as well as one of the most promising members of this Society of which he became a member in 1880.

At a meeting of the Albany County Homœopathic Medical Society, held on the 31st of August following his demise the following tribute to his memory was paid by Dr. H. M. Paine, of the city above named.

"*Mr. President:*—Two of our members have been removed by death during the past year. For more than twenty-two years, since the organization of this Society, in 1860, its active membership presented an unbroken list. It is only a few weeks since we were called for the first time, to take action expressive of respectful remembrance of a deceased associate.

The late Dr. Harmon Swits, of Schenectady, one of the oldest members of this Society, was stricken down while yet in active practice and in the

full measure of usefulness. His death is an irreparable loss to the community in which he spent so many years of arduous yet unusually successful professional labor.

And now we are called to mourn the death of the youngest member of the Society, and to express suitable sentiments of respect to his memory.

Dr. Vanderzee came to this city and entered upon the study of medicine under my supervision about ten years ago. He was a young man of ability, energy and strict integrity. His student life was characterized by assiduity, earnestness and zeal; and when he became a practitioner his desire for patient and laborious investigation was undiminished. He was ever learning, by study and practice, to perfect himself, in all the varied departments of medical research.

His urbanity and gentleness of manner, his kind and generous disposition, rendered him a general favorite, and won for him a high place in the confidence and esteem of a large circle of warm personal friends.

His sudden and early death startlingly admonishes us of the brevity and uncertainty of life. Were he present, as in former times, his youthful features, his elastic, strong, and rugged form would prove, to all appearances, sure harbingers of a long, prosperous and useful life.

In this sad event we have lost a beloved associate; our Society has lost its youngest member; the medical profession has lost a versatile and skillful practitioner, and the community a discreet and respected citizen."

At this meeting Drs. G. E. Gorham, J. S. Delavan and J. J. Peckham, were appointed a committee to draft a series of resolutions expressive of regret at the sudden, unlooked for dispensation of Providence which had bereaved the community at large, and deprived the society of the aid and counsel of one of its most valued members. The committee reported the following preamble and resolutions, which were unanimously adopted.

WHEREAS, We have heard with sorrow of the death of our esteemed colleague, William H. VanDerzee, M.D., and

WHEREAS, Death has again entered our ranks and removed from our society one of its youngest members, and from his family and friends one whom we all admire; therefore,

Resolved, That while we bow in submission to the will of an all-wise Providence, we desire to express our sense of the great loss we have sustained by the death of Dr. VanDerzee, and to give expression to our high appreciation of his already valued services to his profession of which he was an honored and useful member.

Resolved, That the lesson of his short life and untimely death be not lost to us who remain. Courteous in demeanor, kind and sympathetic in the sick room, skillful in his care of those committed to his charge, devoted to his profession, to his family and to his friends; such a life needs no eulogy but its simple record.

Resolved, That we tender our most heartfelt sympathy to the family of our deceased friend, commending them to the care and protection of the all-wise Father who "doeth all things well."

Resolved, that a copy of these resolutions be published in the Albany papers, that a copy be sent to the family of the deceased, and that the Society attend the funeral in a body.

LEVI WELLS FLAGG, M.D.

The subject of this biographical sketch, was born at West Hartford, Conn., on the 14th of February 1817. He was the eldest son of Augustus, and Lydia (Wells) Flagg of the place above named. He entered Yale College in 1835, and passing creditably through the regular curriculum of studies graduated in 1839. He was shortly thereafter employed by Judge Butler of New Orleans, La., as private tutor in his family, which position he occupied for three years. Returning to his home he commenced the study of medicine, which he pursued for the two following years in the city of Hartford, in his native state. In 1844, he entered the office of the distinguished physician, Dr. Willard Parker of New York city. At the same time, he matriculated and attended lectures at the College of Physicians and Surgeons, from which he graduated in 1847. The following spring he removed to the village of Yonkers, on the Hudson. The ensuing year, he was united in marriage with Charlotte, daughter of Samuel Whitman of West Hartford, Connecticut. His attainments and ability soon secured him a lucrative practice, and in the rapidly growing village of his adoption, he remained until the time of his death.

In 1849 he formed the acquaintance of the eminent homœopathist Dr. John F. Gray, of New York city, and in consequence of his representations, he was induced to investigate the claims of homœopathy. This examination resulted in his adoption of that method of practice, which he ever afterward followed. He assisted in organizing the West Chester County Homœopathic Medical Society in 1865 and was its President, a position which he continued to hold for eight years, and for a long series of years the annual meetings of the society were held at his residence. He was elected a permanent member of the State Homœopathic Medical Society in 1879. He was one of the main supports of the Young Men's Christian Association, a prominent member of the First Presbyterian Church, a man of affairs, often consulted, highly reverenced and esteemed by the community amidst which he had lived from early manhood to a ripe old age.

It was aptly said of him by one who knew him well that "his noble qualities shone at their brightest in the retirement of the sick room. All who ever saw him at such times were impressed by him. there was healing in his very presence, his calm, strong face was radiant with manly sympathy, his presence was commanding, his voice full of cheer, his every act and word tending powerfully to rouse the latent energies of his patient.

A true hero, he shrank from no responsibility, and his faculties seemed to be at their best in the midst of the greatest difficulties; yet no physician could have been more courteous in practice, or more modestly conscious of the finite character of all human knowledge and skill.

His relations with the poor were beautiful, his life abounding with deeds of sympathy. In the practice of his profession he was no respector of persons; those only who suffered most could be most sure of inspiring his greatest efforts. * * * * As if in recognition of the mercy he had shown, his end was a merciful one. In the full pos session

of all his faculties, surrounded by his devoted family, tenderly cared for by his beloved son Robert, upon whom his professional mantle has fallen so gracefully, he died almost without a pang."

He died of heart disease on the 15th of May 1884, in the 68th year of his age, leaving a wife, three sons and two daughters, to lament the breaking of the house-band which had held them united so long together.

His funeral, which was attended by a large concourse of people was held at 3 o'clock P. M. in the First Presbyterian Church in Yonkers, on the 19th, the Rev. John Reid officiating, and his remains were deposited in St. John's Cemetery.

"Peace be with thee, O our brother,
In the spirit land!
Vainly look we for another
In thy place to stand.
Unto Truth and Science giving
All thy early powers,
Be thy virtues with the living,
And thy spirit ours!"

FREDERIC W. INGALLS, M.D.

Dr. Ingalls was born at Glenville, Schenectady County, New York, on the 9th of February, 1840. He was the son of the Rev. Wilson Ingalls, of Kinderhook, New York, a gentleman of superior culture, education and refinement. His early surroundings gave him much more than ordinary advantages for observation and improvement, of which he profitably availed himself. A thorough and practical education having been acquired, his attention was directed to the medical profession, and he entered the office of Dr. D. O. K. Strong, of Owasco, Cayuga County, New York, for a while, following which, for a period of two years he prosecuted his studies under the direction of Professor John C. Sanders, M. D., of Cleveland, Ohio, excepting a term of three month's service as Acting Assistant Surgeon U. S. A , at the United States General Hospital No. 7, Louisville, Kentucky. He attended lectures and received his diploma from the Homœopathic Medical College of that city, in the spring of 1863. The same year, he removed to Kingston (May 5th,) where he opened an office and commenced his life-work as a practitioner of medicine of the rational school. At that time but little was known in regard to homœopathy, there being only one other practitioner of that system in the city of Kingston, viz. Dr. G. D. Crispell. For a season the struggle for success was sharp but decisive. But a few months had elapsed, before the merits of the system, and his own superior tact, perseverance and ability, had won their way, and he was soon in the possession of a large and lucrative practice, and achieved a well-deserved distinction among his brother practitioners, as a physician of more than ordinary ability and merit.

"Perseverance is a Roman virtue,
That wins each God-like act, and plucks success
Even from the spear-proof crest of rugged danger."

The French have a proverb that "nothing succeeds like success," which was signally manifested in this instance, for as the doctor's merits became known to an appreciative public, they were recognized by his being chosen to various positions of trust and responsibility, among which may be mentioned those of Trustee of the Kingston Building Company, a Director and Vice-President of the Kingston National Bank, and Vice-President of the Kingston Savings Bank.

In 1870, he was united in marriage with Miss Henrietta, only daughter of Peter J. DuBois, of Kingston, whom his untimely death has left a widow with five children.

From early manhood he took a great interest in the mystic rites of Free Masonry and was held in eminent regard by the members of that fraternity, being at the time of his decease a Past-Master of Kingston Lodge No. 10; a Past-High-Priest of Mount Horeb Chapter, No. 75, R. A. M. He was also a charter member of Rondout Commandery, No. 52, of Knights Templars; and had attained to the 32d degree of the Ancient Scottish rite.

Dr. Ingalls was elected a member of the American Institute of Homœopathy in 1867, and of the State Society in 1869, of which he was chosen one of the Censors for the Southern district in 1872. He was also a prominent and leading member of the Ulster County Homœopathic Medical Society.

To quote the language of a personal friend of the deceased, "Dr. Ingalls was held in high estimation as a gentleman of good business capacity, of liberal views, excellent judgment, and fine social qualities. He was an indefatigable worker, and notwithstanding his feeble health, during the epidemic which commenced in the early part of the winter he obeyed the urgent calls of the sick until he was no longer able to leave the house, and then continued to advise until a short time before his death. * * * * Many whom Dr Ingalls has attended in illness will mourn exceedingly over his loss, for he did all that he could to relieve their sufferings and save their lives when other doctors would prefer not to touch their cases for fear of unsuccess." His funeral which occurred on the following Wednesday (February 18th,) was held at his late residence, and was largely attended by his many friends and acquaintances as a testimonial of respect to his memory and regard to his surviving relatives.

"The few,
Who as their friend," *associate long had known*
"His kind warm heart; and gentle spirit knew,
Had long lived, hoped, and feared for him alone;
His voice their morning music, and his eye,
The only starlight of their evening sky,
Till even the sun of happiness seemed dim,
And life's best joys were sorrows but with him."

ABIJAH PERKINS COOK, M.D.

The subject of this sketch was the son of Dr. George Whitfield Cook, who married a daughter of Dr. Abram Teller, of Hyde Park. He was a grandson of Col. Ellis Cook, of Hanover, N. J., a distinguished soldier in the war of the Revolution. He was born at Hyde Park, Dutchess County, N. Y., on the 2d day of December, 1808, being in the 76th year of his age at the date of his demise.

He had superior educational advantages in his youth, and was graduated at the noted Academy at Hudson, Columbia County, N. Y., with the honors of his class.

In 1832 he commenced the study of medicine with his brother, Dr. George W. Cook, of Hudson, N. Y. In 1835 he graduated at the College of Physicians and Surgeons. Soon afterward, he commenced the practice of medicine at Chatham, Columbia County, N. Y.

On the 14th of September, 1837, he was united in marriage with Miss Phœbe H. Shipman, of that place. In April, 1839, he removed to Kinderhook, and the following May to Hudson, when his real life work commenced, and where his earthly career was terminated. About this time he became a convert to homœopathy, of which school of medicine he remained a prominent and useful member the remainder of his life. At the annual meeting of the American Institute of Homœopathy held in the City of Boston, in June, 1847, he was elected a member, and a permanent member of the New York State Homœopathic Medical Society in 1863. Of the latter society he was elected First Vice-President in 1857, and President in 1865. At the commencement of the war of the rebellion he received the appointment of Examining Surgeon for the Pension Bureau, a position which he held up to within two years of the time of his death, when failing health and the infirmities of years compelled his resignation. An enthusiast in his profession, with a kindly disposition, ever alert to the calls of suffering humanity, Dr. Cook's long and laborious career was not only creditable to himself, but alike a benefaction and blessing to the community in which he lived, and an honor to the distinguished profession, which his life so eminently adorned.

His death occurred on Tuesday, the 23d of September, 1884, and his funeral on the afternoon of the Friday following.

"The wisest men are glad to die; no fear
Of death can touch a true philosopher,
Death sets the soul at liberty to fly,
Which, whilst imprison'd in the body here,
She cannot leave: a true philosopher
Makes death his common practice, while he lives,
And every day, by contemplation, strives
To separate the soul, far as he can,
From off the body."

R. E. CARUTHERS, M.D.*

From the Hahnemannian Monthly for February, 1885.

Died, on January, 5th, 1885, at 3 A. M., at his residence, 107 Arch Street, Allegheny, Pa., R. E. Caruthers, M.D., aged 36 years. At a meeting of the Allegheny County Homœopathic Medical Society held Friday evening, January 9th, a committee appointed for the purpose reported the following: "Robert Ewing, son of George C. and Mary Jane Caruthers, was born December 11th, 1848, in Allegheny, Pa. He received his early education in the public schools, and afterwards attended Mount Union College, Stark County, Ohio.

In April, 1870, he entered upon the study of medicine under the preceptorship of Dr. L. H. Willard, and attended lectures at the Hahnemann Medical College of Philadelphia, where he graduated in the class of 1873. He practiced medicine in Allegheny until April, 1876, when he removed to Donningtown, Pa. Here he remained but one year, when he returned to his former field of practice, and remained until the summons came to "enter into rest." In January, 1876, Dr. Caruthers was united in marriage to Miss Rachel L. Shoemaker, of Philadelphia, whose parents were of old Quaker stock. His widow, three children and a widowed, childless mother survive him.

"Who in life's battle firm doth stand,
Shall bear Hope's tender blossoms
Into the silent land."

For over eleven years he had a constantly increasing practice, and by untiring, conscientious labor, he had endeared himself to his patients, and by his modesty and worth he had gained a strong hold upon his medical brethren. In 1873 he became a member of the Allegheny County Homœopathic Medical Society. In 1875, he was elected Secretary, and in 1876 re-elected. In 1880 he was chosen Vice-President, and in 1883 he filled the Presidential chair of the society. He was also a member of the American Institute of Homœopathy. Dr. Caruthers was first a member of the Dispensary Staff of the Homœopathic Hospital, and subsequently served on the medical staff, and when the Medical Board was re-organized upon the opening of the new hospital, he was appointed one of the orthopedic surgeons. He became a member of the State Medical Society in 1873, the *Transactions* of which bear his impress for the last six years, exhibiting his faithfulness, efficiency and untiring zeal as corresponding secretary and as editor. As a citizen, a Christian man, a son, husband and father, he has well performed his part in life. Stricken down with his armor still bright from constant use, honored in life, respected and mourned in his death, he rests from his labors.

On the 20th of December, (the last day he was out) when placing a copy of the *Transactions* of 1884 in the hands of the chairman of this committee, he remarked, "My labor is drawing to a close: I feel that I am entitled to a rest." Alas! how soon it came! In conversation with his wife on New Year's Day, she told of the Doctor having asked early

*Elected an honorary member of the New York State Homœopathic Medical Society in 1882.

that morning "What day is this?" and when she replied: "Thursday, the first day of the new year," he said: "Well, I am glad the old year has departed; it was a hard and laborious year for me."

During the funeral services, when the words of the hymn were being sung:—

"Work, for the night is coming;
Work, through the morning hours,"

we could but feel how faithfully he had followed every injunction of the beautiful lines:

"Work, till the last beam fadeth,
Fadeth to shine no more;
Work, while the night is dark'ning,
When man's work is o'er."

When his body was removed from the couch to the coffin there were found two copies of the *Transactions* of 1884 under his head. How strange it seems, the last pillow his head rested on was his own completed work. On the morning of the 7th of January his body was borne to the grave by eight of his medical brethren and hidden from sight. We leave our friend and brother in the hands of Him "Who giveth his beloved sleep."

[Signed.] W. R. CHILDS, M.D., Secretary.
J. F. COOPER, M.D.
W. H. WINSLOW, M.D.
C. F. BINGAMAN, M.D.
C. C. RINEHART, M.D.

C. H. HOFFMAN, M.D., Secretary.

Action of the Philadelphia County Homœopathic Medical Society.

WHEREAS, R. E. Caruthers, M.D., a valued member of the Homœopathic Medical profession, has been summoned by death from his field of labor; and

WHEREAS, We, the members of the Homœopathic Medical Society of the County of Philadelphia, appreciating the great services rendered by Dr. Caruthers as Corresponding Secretary of the Homœopathic Society of the State of Pennsylvania, recognize the loss which Homœopathy in our State has sustained in his death.

Resolved, That we extend our sympathy to the Homœopathic Medical Society of Allegheny County in their loss, and to his friends in their bereavement.

Resolved, That the Secretary be instructed to send a copy of these resolutions to the Allegheny County Society, to the family of the deceased and to the Homœopathic Journals throughout the country.

CLARENCE BARTLETT, M.D.
J. C. GUERNSEY, M.D.
H. NOAH MARTIN, M.D.

H. F. IVINS, M.D., Secretary.

Miscellaneous Business.

Dr. Paine: I understand that Dr. L. A. Clark has lately lost his library by fire, and with it a series of the TRANSACTIONS of this society; I therefore move that the Treasurer be instructed to supply Dr. Clark with a new set so far as he can.

Dr. E. Hasbrouck: I second that motion. [Carried.]

Dr. H. L. Waldo: This society ordered last year that every member in arrears for five years should be dropped. Dr. F. L. Vincent of Troy was dropped under the rule; he has paid me all that he owed the society, and now wishes to be replaced on the list of members. I therefore move that Dr. F. L. Vincent be re-instated. [Carried.]

Dr. A. P. Hollett: We have a good many members on our roll who are getting along in years; some are ceasing to attend our meetings, many of them are asking to be relieved of membership because of the tax upon them for dues. For the benefit of this class of members I wish to offer the following:

Resolved, That section 9 of the By-laws be amended by the addition of the following:

Senior Members. Any permanent member over sixty years of age may be elected a senior member of the society, at an annual meeting, provided that at the time of said election he or she shall have been a permanent member of the society for the previous twenty years, and at the time of his or her election is in good standing in the society.

Privileges. Persons so elected shall be entitled to all the privileges of membership, and shall be exempt from taxation.

Dr. Hasbrouck: I move to amend that "All persons who have been twenty-five years members of this society, shall become and constitute a Board of Seniors, similar to the board in the American Institute of Homœopathy, to whom should be referred all matters appertaining to ethics coming before the Society; such matters to be considered by said board before being presented to the Society."

Dr. A. P. Hollett: I will accept the amendment.

On motion of Dr. Paine, this matter was referred to the following committee: Drs. A. P. Hollett, E. Hasbrouck and H. M. Paine.

On motion, the society adjourned until two P. M.

AFTERNOON SESSION 2 P. M.

BUREAU OF MATERIA MEDICA.

F. F. LAIRD, M.D., Chairman.

"The Prevention of Insanity." by Selden H. Talcott, M.D.
"Petroleum and its Preparations," by Wm. C. Latimer, M.D.
"Outline Therapeutics of Spinal irritation," by F. F. Laird, M.D.

Dr. F. F. Laird: From the good old days of Greece and Rome down to the present, it has been the custom to commemorate in imperishable marble the achievements of the great. Marcus Aurelius, Napoleon and Washington have thus been honored, and last but not least the good peo-

ple of Lynn, Mass., have proposed to perpetuate in statuary the memory of the great Lydia A. Pinkham!! But no marble is white enough, no carving grand enough, to express my appreciation of this Bureau of Materia Medica. Had I the facile pen of a Paine, "resolutions" should fall upon their devoted heads like the leaves of spring! Not being thus gifted, I would bestow upon them leather medals, each bearing upon its face the photo of the member, above it, I would inscribe 'Sacred to the memory of do-nothingness,' and beneath it might be placed the benediction of Tiny Tim, 'God bless us every one.'"!! Twelve months ago I wrote to every New York man in the bureau. Prof. Allen and Dr. W. T. Laird alone replied. Three months since the same experience was repeated. It is a shame and disgrace to the society that this bureau, in which is representative of all that is distinctive in homœopathy, and which should enlist your most earnest work, receives only a beggarly support. At the Binghamton meeting only two papers were presented, one by Dr. Millspaugh, the other by myself. At this session had it not been for the kindness of Dr. Latimer your chairman would have furnished the sole contribution. I repeat it is a disgrace to the Society that this field of Materia Medica, which should yield the richest harvest of matured thought and experience, is left uncared for and uncultivated.

Petroleum and its Preparations.

By WM. C. LATIMER, M.D., BROOKLYN, N. Y.

Petroleum.
Oleum petræ—Rock-oil.
Mineral naphtha, Naphtha.
Bitumen, asphalt, liquid pitch.
Hydro-carbon oil.

The substance known under the above names is properly a hydro-carbon oil, made up by a combination of members of the hydro-carbon series $C_n H_{2n+2}$, embracing all the series up to $C_{15} H_{32}$, and probably several of a higher order. It also contains traces of nitrogen, sulphur, arsenic and oxygen.

It is widely dispersed throughout the earth and is found in the argillaceous sandstone formation, either where there are out-croppings of it, or it can be reached by boring. That found at the out-croppings in America is known as Seneca oil; while that found in the east is known as mountain naptha, asphalt, bitumen, liquid pitch, etc. That found by boring at depths varying from 300 feet to 1,500 feet is commercially known as petroleum. It varies in color from a light straw or amber to a dark greenish-black, and in specific gravity from 46° to 28° Beaume, and has remarkable fluorescent properties.

The lighter hydro-carbon compounds are irritant when applied to the skin, while two at least, and probably four, have well marked anæsthetic, properties. The heavier ones are emolient in action when applied to irritated surfaces but have little or no action when applied to the skin,

while the medium oils have both actions in a modified degree. as well as great penetrating properties.

When Petroleum was first discovered is uncertain, it is easily traced to the third century B. C., and some authorities point to a much earlier date; its first introduction into medicine is equally uncertain. It is mentioned in the earlier materia medicas, and was found in use among the natives of this country by the early settlers. Its earliest use seems to have been as a local applicant of the heavier oils for burns, bruises, rheumatism, etc., unless the visits of Alexander the Great, Trajan and Julian to the springs at Is, a modern "Hit," on the Euphrates, were for the purpose of bathing in, and drinking of the thermal waters of those springs which contain traces of it.

In the seventeenth century we find it mentioned in Lewis' Materia Medica, also the mention of British oil or Black-drops for the cure of colic, diarrhœa, etc., the formula of which was as follows:—

℞ Ol. Terebinth.
" Lini aa ℥iv.
" Succini
" Juniperi aa ℥ij.
Barbadoes Pet.
American " aa ℥iv.
M.

We thus see that even thus early and by the practice then in vogue, a difference in the action of the drug in hand when obtained from different sources was acknowledged, and we can but feel they were right. What other uses were made of it from this time until the provings by Hahnemann appeared we will not stop to mention.

The provings by Hahnemann were very extensive, we find 776 symptoms as the result of his labors. That he considered it a deep and long lasting acting drug we infer from the position he gives it among remedies.

He used a light oil from Northern Italy, prepared by *trituration*, at least in the lower potencies, and most of the confirmed symptoms are found so marked in his *Chronic Diseases*, Vol., 5., and were probably confirmed by him, from using the same preparations as those used in making the provings.

When we turn to Allen's *Encyclopædia*, we find symptoms from upwards of twenty provers, No. 1 being those of Hahnemann; No. 2 from one who claimed to use the same preparations. No. 3 used a 1^x dilution of something, we know not what, as the drug is insoluble in alcohol; No. 8 is a case of asphyxia by the gas, one of the lighter oils; No 9 is from one who drank a glass in mistake for beer, this we judge from its description was oil from the Clarion, Pa., oil fields, and we think any man either drunk or insane enough to do a thing of that kind is in no condition to render symptoms that would be of use in prescribing. Nos. 20, 21 and 22 are effects upon the skin of workers in paraffine, but as it is composed mostly of oil of the higher order, the effects are probably due to those of the lower which are extracted by distillation; what the others used is so obscure we dare not express an opinion of them.

While the oil used by Hahnemann may be soluble in alcohol, we very

much doubt it, and when we see it laid down by him, in his *Chronic Diseases*, Vol. V, that, after being purified either by agitation with sulphuric acid, which acts merely upon the foreign oily matters, or by using twice its bulk of alcohol and filtering through blotting paper those foreign bodies are removed, the oil shall be kept in vials hermetically sealed with wax and to make the *first trituration* one drop of oil is used instead of one gram of dry substance" we can but infer that he, too, considered it insoluble in Alcohol. From repeated experiments we know the American petroleums will not dissolve in alcohol in any proportion, and all preparations of it claiming to be so made are unreliable.

From the foregoing it will be seen that we have a very complex body to deal with, and that its action must vary in accordance with the variation of its hydro-carbon elements; thus an oil containing 20 per cent. of the light or irritating parts will not act like one from which they have been removed or reduced to a minimum.

The oil proved by Hahnemann was one of the lightest found in its natural state and contains a large per cent of the light or irritating oils. That it corresponds with the light oils of other countries is best demonstrated by comparing his symptoms with those of numbers 8, 20, 21 and 22, and we have so observed it among those engaged in its various processes of manufacture.

The first line of separation between the light and heavy oils is in the mental symptoms, followed by its action upon the skin. We present the following brief tabulation in proof of the foregoing statements, dividing them into three classes, representing light, medium and heavy oil.

Light, 46° to 38° B.	Medium, 37° to 33° B.	Heavy, all below 33° B.
Mind.—Exaltation shown by sense of happiness, joy, good will towards one another, followed by depression, dull, gloomy, morose, friends become enemies, imagine wrong has been done them and which they must avenge, anger, refuse to obey commands, irritable.	Mind.—Anxiety, fear, fear of death by suffocation, later think they are going to die but the fear of death passes away.	Mind.—Nom.
Skin.—Irritation, itching, followed by numbness and formication, cracking, tendency to bleed easily, comedones.	Skin.—Slight irritation, skin becomes very soft and pliable, very penetrating.	Skin.—Tends to soften "and will remove conditions produced by the other oils."
Throat.—Dry, smarting, sense of constriction, sense of thirst which seems to come from the throat only.	Throat.—Dryness, loss of voice, seems to be due to paralysis of vocal cords, thirst which water will not relieve.	Throat.—Slight smarting.

When applied to wounds.

Tends to prevent healing, causes extension and pustulation.	Removes soreness and promotes healing. Applied to burns this one will give immediate relief from pain, and cause rapid healing of injured surfaces.	Promotes healing by its power of excluding air and irritants contained therein and thus allowing nature to work undisturbed.

If in these limited observations we find such a diversity of action, it is impossible to predict what a thorough proving of the various oils would develope, and is it any wonder we often hear physicians, "who to be sure of what they are using prepare their own triturations," complain of the failure of their prescriptions, and wonder why they fail.

To our mind it demonstrates the necessity for one of two things, either we must use the same oil and prepared in the same way as that used by the master; or have new and complete provings made of the several oils, and then use each in its own particular sphere.

W. C. LATIMER.

Outline Therapeutics of Spinal Irritation.

By F. F. LAIRD. M.D., Utica, N. Y.

Agaricus Musc.—Spinal processes of whole vertebral column sensative to touch, but especially marked in the lumbar region. Urine profuse, colorless or lemon-colored; often containing a free deposit of phosphates. Paralytic weakness of sphincter vesicæ with dribbling. Urine comes out slowly, feebly, sometimes only in drops. Retention of urine.

Burning, itching and redness of various parts of the body as if frost-bitten. Feeling as if ice touched or ice-cold needles pierced the skin; or as if splinters were sticking into the flesh. Frequent twitching of the muscles, especially facial and gluteal.

Aggravation of the spinal and nervous symptoms in the morning and before a thunder-storm. Especially applicable to persons with light hair and lax skin and muscles in whom slight blows cause ecchymoses; to women suffering from uterine irritation with intolerable bearing down pains; and to the victims of sexual excesses.

Arnica.—Irritation most marked in cervical and dorsal regions. Headache, the head being hot while the rest of the body is cool. Amaurosis, with contraction of the pupil. Intercostal neuralgia with bruised soreness of the muscles. Palpitation and angina pectoris when almost any exertion brings on the paroxysm. Cardialgia, nauseous repletion as soon as patient eats. Neuralgia of abdominal walls with fine tearing pains. General bruised soreness as after a fall or blow. Myalgia; bed feels too hard.

Aggravation in the morning from any excitement, from wine, when lying down. Ameleoration in the evening and at night.

The typical Arnica patient has dark hair, rigid muscles and the red face of plethora. "You cannot touch a place on my body that is not sore," is an unerring key-note. The spinal irritation may or may not be the result of fall or blow or concussion.

Bell.—Entire spinal column. Recent cases due to congestion. Heat throbbing and drawing in spine. Back aches as if it would break, worse lying down, relieved by standing or walking. Subject to congestive headaches with throbbing of carotids, hot head and cold feet, suffused face and eyes, dilated pupils. Prosopalgia, ovarian and uterine neuralgia, the pains coming and going suddenly. Cardialgia compelling patient to bend backward and hold her breath. Spasmodic cough. Retention of urine; or incontinence from weakness of sphincter. Starts in affright from sleep, which is restless and moaning. Neuralgic pains in the extremities.

Aggravation—After 3 P. M., and again after midnight.

Ameliortion—When wrapped up well in a warm room. Plethoric patients who are jovial when well, but violent when sick.

Bryonia.—Principally dorsal and cerrical region. Difficult breathing with pressive pain extending through thorax from first dorsal vertebra to epigastrium. Headache worse from least motion, even moving the eyes. Sensation when in bed as if she were sinking down. Dryness of all the mucous membranes; great thirst, wanting to drink large quantities at long intervals; constipation with stools large, hard and dry as if burnt. Pressure on the sternum. Intercostal neuralgia; sharp pain in left infra-mammary region, worse on inspiration. Urine dark and clear. Restless sleep. Dreams about business or his household affairs.

Aggravation—morning and evening; from motion, from heat. Amelioration—By keeping perfectly still; in cool weather, in cool rooms and from cold food; when lying on the painful side.

Bryonia suits rheumatic and gouty subjects who are irritable, suffer from stitching, tearing pains and have "bilious attacks" whenever the weather changes from cold to warm.

Calc. ost.—Whole spine. Great anxiety; fears she will lose her reason, (especially with headache); hopeless of ever getting well. Headache with feeling of coldness on vertex. Great shortness of breath. Epigastrium prominent like an inverted saucer. Constipation; or alternation of constipation and diarrhœa. Urine very dark colored and offensive. Menses too early, too profuse and last too long. Milky, acrid leucorrhœa. Sexual desire increased; weak and sick for days after coition. Feet cold and damp as if she had on damp stockings. A swarm of visions and fancies appear when closing the eyes for sleep. In selecting Calc. ost. the well known characteristic type of patient is of prime importance. Sexual abuse of one form or another will be found the most frequent cause of the spinal irritation.

Carbolic Acid.—Cervical and dorsal regions. Dull heavy frontal headache as if an india-rubber band was stretched tightly over forehead. Orbital neuralgia over right eye. Flatulent distension of stomach and

abdomen. Vomiting of hysteria when every meal is rejected as soon as swallowed. Cardialgia and pyrosis. Bowels and abdominal walls feel sore. Lower extremities feel as heavy as lead. The pains feel as though they would be aggravated by motion but are not. Mental exertion (reading) increases all the symptoms, especially pressing at the occiput.

Cereus Bonplandi.—Dorsal and cervical. Sighing respiration with oppression of chest. Painful sensation in cordiac region with tenderness over left ribs just below the heart. Pulse, irregular, dicrotic, slow. These symptoms are genuine and reliable.

Chinium Sulph. (*Quinine*).—*Dorsal.* In spinal irritation following exhausting diseases. Quinine should be given in preference to China, the general symptoms being practically identical. Ringing in the ears, great weakness and periodicity of symptoms, are the characteristics. If malaria complicate, so much the more is Quinine indicated.

Cimicifuga.—Cervical and upper dorsal. Intercostal neuralgia, right side. Infra-mammary pain (left side). Menses irregular, delayed or suppressed; hysterical or epileptiform spasms at time of menses. Muscles sore. Left side most affected. Obstinate insomnina. Worse in morning, at night, from motion and during menses. Amelioration from rest, in open air, after eating. Rheumatic patients and those of an anxious, nervous, irritable temperament come especially within the province of Cimicifuga. Melancholy with sleeplessness, headache with severe pains in eyeballs, strongly marked, infra-mammary pain, "goneness" at stomach and characteristic menstrual derangement—these are the guiding symptoms.

Cocculus.—Whole spine. Headache with sensation of emptiness; pressure always from without inward. Dimness of vision; a black figure walks in front of her. Vertigo, nausea and other ailments whenever she rides in a carriage or car. Even smell of food sickens her. Feels too weak to talk loud. Slightest loss of sleep causes great prostration. Cannot sleep after 1 A. M. All the symptoms and pains, especially in the head are worse from drinking, eating, sleeping, talking, riding in a carriage, smoking, exertion, coffee and by cold air.

Ignatia.—Whole spine. Full of suppressed grief, broods over imaginary troubles. Hysterical alternation of laughing and crving. Extremely sensative to all external impressions, especially to noise which causes or aggravates headache. Weak empty feeling in the stomach with frequent sighing. Spasmodic cough; the longer he coughs the more the irritation to cough increases. Profuse watery urine. Over-sensative to pain. Pressing pains from within outward as from a hard pointed body (Clavus headaches). Especially suited to nervous, hysterical females of mild, but easily excited nature. Paralytic pains with aggravation from talking are very characteristic.

Gelsemium.—Congestive variety, cervical region principally affected. Pains from spine to head and shoulders. Headache and dullness of head, relieved by a profuse flow of clear, limpid urine. Headache or wild feeling alternating with uterine pains. Heavy eyelids; diplopia. Nervous aphonia. Feeling as if heart would stop beating if she did not move. Complete relaxation and prostration of whole muscular system. Nervous

chills. Worse from walking, from warmth of bed, from smoking, from wine, after midnight, in damp weather. The pains in the cervical region running up into occiput and off into shoulders, will seldom mislead you. Especially is the remedy adapted to those nervous, excitable patients in whom any depressing emotion produces diarrhœa.

Hypericum.—Spinal irritation of traumatic origin.

Lycopodium.—Entire spine. Vertigo in a hot room, when drinking and when sleeping. Headaches, worse from physical or mental exertion, from heat and from 4 to 8 P. M., better from cool, open air, from lying down and from uncovering the head. Hunger, but a small quantity satiates; flatulent dyspepsia; incarcerated flatus. Constipation: urging ineffectual from contraction of anus. Sexual desire depressed. Red sand in urine. Involuntary alternate extension and contraction of muscles. All symptoms worse from 4 to 8 P. M., and on alternate days; better from cold and from warm food and drink.

Nux Vomica.—Whole spine, but especially lumbar region. Very cross and irritable. Backache as if broken, must sit up to turn over in bed. Over-sensitive to all external impressions. Morning headache. Characteristic gastric symptoms. Constipation with frequent "false calls." Strangury, retention and cystospasm or incontinence due to paresis of bladder. Uterine and ovarian neuralgia, the pains causing desire for stool and urination. Characteristic sleep. Aggravation from mental exertion (rateocination) in the morning; after eating, especially after dinner.

Phosphorus.—Whole spine, but especially dorsal region. Back feels so hot he cannot lie on it. Mental depression with excessive timidity is a grand characteristic. Anxious restlessness at twilight, when alone, during a thunderstorm, with palpitation. Gastralgia; wants all food and drink cold; vomits cold water as soon as it becomes warm in the stomach. Gone, empty feeling in abdomen. Characteristic constipation. Inability to lie on the left side. Frequent alternation of waking and sleeping, during night. Aggravation; before midnight; during a thunder-storm; when lying on left side or back.

Amelioration—In open air.

Puls.—Whole back feels as stiff as a board. Mild tearful disposition; cries while telling her symptoms. Thirstlessness. Sour stomach; tastes the food for hours after eating; vomiting of food that was eaten several hours before. Constant chilliness. Wandering pains. Pains in distant parts of the body cause dyspuea. Sleepless first part of night, sleeps late in morning. Worse in evening and in a warm room; better in the open air and in a cool place.

Rhus Tox.—Spinal irritation caused by strain.

Silicea.—Whole spine. Pressure upon cervical or upper dorsal vertebræ causes pain over right eye. Stiffness of nape of neck with headache. Vertigo and headache ascending from nape of neck; headache relieved by wrapping up the head warmly. Constipation; the stool when almost expelled slips back. Offensive foot sweat making the feet sore. Coldness of legs as far as knees even in a warm room; icy cold feet even in bed. Functional nervous weakness; thinks he can do nothing, but when

once aroused he works well. Worse at time of new moon; better from warmth.

Sulphur.—Whole spine. Heat on vertex. Very weak and faint about 11 A. M. Constipation of hard, dry stools; or diarrhœa driving patient out of bed in the morning. Flashes of heat; heat in soles of feet at night with sleep in "cat naps" and sudden jerking when falling asleep. Cannot walk erect; stoop shouldered. Standing is the most disagreeable position. Skin eruptions aggravated by washing them. Worse in evening and during rest; better during motion.

Tellurium.—"Spine from last cervical to about fifth dorsal vertebra is very sensitive and the seat of a peculiar sense of irritation which causes dread of having the part touched or even approached, and yet the tenderness to touch is not very great; this irritation radiates upward into neck, outwards into shoulders and forwards through thorax to sternum; the distress caused by this irritation being aggravated by fatigue, but only partially relieved by repose." If Carrol Dunham had left no other record save this proving, his name should be imperishable. Guided by the above symptoms, the writer has cured three aggravated cases of ten, eight and five years duration respectively, without the aid of any "adjuvants."

DISCUSSION.

Dr. J. M. Lee: I would like to inquire what potency of silicea he would recommend?

Dr. Laird: I use the 6th.

BUREAU OF OPHTHALMOLOGY.

"The Eye Symptoms of Physostigma," By J. L. Moffat, M.D.

"A Case of Paralysis of the Superior Oblique and Internal Rectus Muscles," By A. B. Norton, M.D.

* "A Case with a Suggestion, By C. Liebold, M.D.

Dr. A. B. Norton: I can heartily endorse the remarks made by Dr. Laird as to the difficulty of procuring papers. Within the last year I corresponded with the members of my bureau three times or more. At the semi annual meeting I was enabled to offer four papers; three of the most interesting papers were read by title. That probably accounts for the scarcity of papers at this time. Been promised five papers, but have not received them all.

The Eye Symytoms of Physostigma.

By JOHN L. MOFFAT, M.D., Brooklyn, N. Y.

This remedy is not to be found in the second edition of either Hering's Condensed Materia Medica, or of Cowperthwaite, although known since

* Read by title.

1855 and covering thirty-six pages of Allen's Encyclopedia, nearly two of which are bibliographical. An omission the more surprising as one studies the drug and realizes the scope of its action.

Time and space forbid our consideration of its sphere beyond the eye.

Physostigma, the most prominent of the myotics, contains two alkaloids, Physostigmine and Eserine; the sulphate of Eserine, however is the form almost entirely used now in ophthalmic practice. It is the only alkaloid in common use which does not develope an organic growth in its aqueous solution. While Physostigma (like Agar.) has a direct effect upon the spinal cord, its mode of action in contracting the pupil is not yet definitely settled. It is evidently selective, for the pupil contracts upon the introduction of the drug into the system at any point. Bartholow (1880) concludes that the oculo-motor nerve is stimulated and the sympathetic depressed. Direct galvanization of the iris dilates the pupil contracted by Physostigma.

The latest researches in the anatomy of the nerves supplying the pupil seem to demonstrate* that in birds and the higher animals the reflex fibres contracting the pupil pass from the retina with the optic nerve *uncrossed* through the chiasma into the gray matter at the side of the third ventricle, and to the muscles of the oculo-motor nerve at the bottom of the third verticle, thence through the trunk of this nerve to the periphery. The reflex connection between the two arches is probably by commisural fibres passing from the nucleus of one oculo-motor nerve to that of the other.

Bachterew claims that dilation of the pupil from pain is the result of a depressing influence upon the centres of pupilary contraction, and not to irritation of the sympathetic.

While Eserine and Pilocarpine act directly upon the nerves of the iris, Opium, and meningitis in its first stage, cause myosis by irritating the brain at the origin of the third (oculo-motor) nerve. Whether it acts upon the nervous or directly upon the muscular tissue, Eserine contracts the pupil, the circular fibres of the ciliary muscle, and those of the blood vessels.

By its action on the iris it decreases the tension of the anterior chamber relatively and absolutely, thus being of benefit in keratocele, conical cornea, and the early stages of glaucoma. Its myotic action is called for to prevent or reduce peripheral prolapse of the iris, to counteract atropine and other mydriatics, and in tearing adhesions of the iris.

By its action on the bloodvessels, when instilled into the conjunctival sac, it diminishes secretion, and reduces diapedesis; hence it is much used in suppurative inflammation, ulcer, fistula, abscess and opacities of the cornea.

A strong solution of eserine applied to the eye contracts the ciliary muscle, before its action upon the pupil is apparent.

Five minutes after the instillation of one drop of a two per cent. solution, the far point approaches the eye, reaches its acme in twenty minutes, remains fifteen minutes and recedes, at first rapidly, then slowly.

*Bachterew—Noted in Archives of Ophthalmology xiii, 457.

The near point reaches its acme in twenty-five to thirty minutes, at which time the power of accommodation is lost.

Ten minutes after the application, contraction of the pupil begins which reaches its maximum in twenty minutes, and commences to decrease in four hours.

Muriate of Pilocarpine (Jaborandi) applied locally causes great contraction of the pupil, and slight spasm of the accommodation ; if, however, it is injected subcutaneously it produces slight myosis with increased lachrymal secretion and a high degree of spasm of the accommodation, with approximation of the far point.*

The irritative action of Physostigma also extends to the internal rectus, causing muscular asthenopia, and even squint.

So much for the local action of the drug.

Taking up the provings in Allen's Encyclopedia, we find the following symptoms which indicate clearly its homœopathic administration.

Eyes feel *weak*, *sore*, heavy. They smart and burn ; appear irritated. **Eyes pain when moved from side to side.* **Drawing sensation in the eyes.* THE AXES DIFFER. Objects appear mixed. Letters seem in constant motion. Sustained vision of nearer objects painful, eyes are uneasy under it. "A slight sensation of double sight." Objects are tremulous as if the sight were movable. *Dull pain over and between the eyes.* It is easier to read with one eye than with both. From which we expect to find it curative in Muscular asthenopia. Dr. Woodyatt† in 1878, reported two cases of myopia with insufficiency of the internal or external rectus cured by Physostigma. A clinical experience since verified by others.

Before taking up the symptoms showing its effect on the ciliary muscle and iris, we note in the *lids* ; spasmodic *twitchings* of the lids when the accommodation becomes affected. Annoying twitching of upper lids, the left most. *Cannot bear to raise the lids.* Immobility of the lids. *Eyes smart ; lids feel sore.* Scraping and smarting feeling in the eyes, the inside of the lids feel sore.

Aching pain in the posterior part of the orbit, extending back into the brain ; worse on reading, (aches so cannot read), causes nausea. **Continued drawing twitching sensation in the eyes. Sharp shooting and drawing in the right eye. Pain in the eyeballs.* A painful tension in the equatorial and ciliary regions. Nervous achings in the whole ball, which extended along the supra-orbital nerves and over half the head. *Felt a film over the eyes, and blur.* The eye feels strained. The pupil contracts by very small and rapid jerks. Even with a high grade of myosis the iris was sensative to light, it would contract still more from a strong, sudden light ; this seems to show that the sensibility of the retina remains unaffected. The circulation of the fundus is not affected. (Von Græfe.)

Tight feeling in the ciliary region as if something were creeping about in it. with occasional sharp pains, worse on attempting to read with both eyes. The type varied in distinctness, coinciding with the sensations in the ciliary region, as if the ciliary muscle were undergoing irregular con-

*Kœnigshofer—Trans., Am., Hom., Oph., and Otol., Society, 1879, p. 15.

†Trans. Am. Hom. Oph.. and Otol,, Socteiy 1878, p., 61.

tractions, spasms of the ciliary muscle. *Astigmatism.* Hyperopic astigmatism. Compound myopic astigmatism, greater for horizontal lines. *The accommodation recovers before the pupil.* Power of accommodation reduced, and the range shortened. The approximation of the far point comes on earlier than, but does not last as long as, that of the near point. Near sighted. Acquired or pseudo-myopia.

Obscured vision, a twilight gloom, due to the contracted pupil. Muscæ volitantes, black and white.

Physostigma stands between agaricus and jaborandi, and the differentiation between them will require a close study of the whole condition of the patient. With further knowledge it will doubtless become much less difficult.

Agaricus produces more violent, choreic spasms, and they are manifested more in the lids and face, although squint as well as both muscular and accommodative asthenopia may call for it, especially if of spinal origin.

The interesting and valuable paper of Dr. F. F. Laird, at our Binghamton meeting reminds us that Physostigma will probably be called for in asthenopia with or from neurasthenia.

Jaborandi seems to cover an *irritable condition of the muscles due to weakness;* this and *nausea and vertigo due to reflex irritation of the eyes*, are the characteristics of this drug.

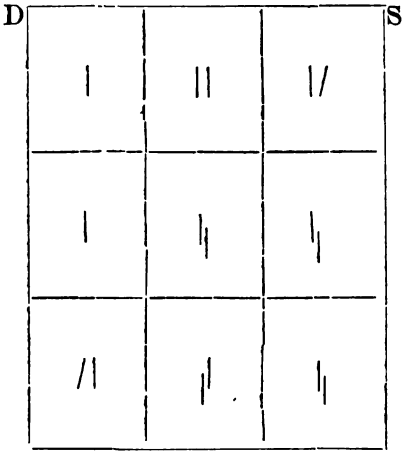
With the jaborandi ciliary spasm the vision is constantly varying. It suddenly becomes more or less dim. *Nausea and vertigo are caused by looking at moving objects*, or by looking steadily at a distance. NAUSEA AND PAIN ON READING. The eyes are easily fatigued. Periodic myopia, periodic squint.

A Case of Paralysis of the Superior Oblique and Internal Rectus Muscles of the Right Eye.

By A. B. NORTON, M.D., O. et., A. Chir., New York.

Miss B., aet. 33, seamstress, was first sent to me on December 9th 1883, for relief of the many asthenopic symptoms of which she was complaining. On examination I found, V.$=\frac{20}{20}$ Hm.$=\frac{1}{48}$, convex 60 for near vision. With the prescription of this glass I gave her Natrum Mur. On May 2nd 1884, she was again referred to me and this time for the treatment of an annoying diplopia, which had come on suddenly while at work three days before. It was especially troublesome on looking downwards and outwards, causing more or less dizziness and fear upon walking, for, as she describes it, the floor seems to be irregular and as though she were walking up hill. Has no pain in the eyes or head and vision is the same as before. Says that she did not wear the glasses prescribed in December 1883, because at that time the medicine relieved all the asthenopic symptoms and she thought it unnecessary. Upon testing the strength of the muscles, could not with the eye detect any weakness, as the movements appeared normal in all directions, but upon trying the test by double images some trouble was at once apparent. This test is made by

having the patient look at a lighted candle held at a distance of nine feet, at first directly in front and on the same level as the patient's eyes; then three feet to the right and to the left on the same level; next carrying the light three feet above to the center right and left again, and lastly following the same plan as before three feet below the level of patient's eyes. Care should be taken that the head of the patient be held perfectly erect and immovable throughout the entire test. One eye should be covered with a colored glass to enable the patient to more readily distinguish the pseudo image and its relation to the true; and it also informs the surgeon to which eye the false image belongs. Carefully noting the position and inclination of the pseudo image to the true I elicted the following diagram showing false images in all directions except when looking outward, and outward and upward.



D. representing the patient's right, and S. the patient's left. Upon analysis of this plate I found the muscles affected to be the superior oblique and the internal rectus of the right eye. Now as to the cause of this trouble, paralysis of the ocular muscles is most frequently the result of syphilis; but in this case I could determine no reasons for attributing it to this disease; and there were no indications pointing towards a tumor, effusion of blood or any other central lesion as the origin of the trouble.

We may have paralysis resulting from some peripheral cause, as rheumatism or colds. In this patient though having had rheumatism some years previous, there were at this time none of the rheumatic pains of the head and face which we should expect to find, but we do find that she had been exposed to a cold draught from a car window, therefore we will consider this the cause of the evil. As to why these two muscles should have been affected and no others, is difficult to say, yet we know that cases frequently do occur of paralysis of some one of the muscles supplied by the third nerve while the remaining muscles are normal. In this case it is my opinion that the fourth nerve (or patheticas) supplying the superior oblique muscle was the one chiefly, or first affected, and that

the weakness of the internal rectus was due to over use at her occupation of sewing. This theory is perhaps still further confirmed by the fact that under treatment the internal rectus much earlier regained its normal strength.

Treatment consisted first in the use of electricity, using a very mild farradic current daily for about one minute at each sitting, one pole being applied to the closed eyelid at the inner and upper angles of the globe over the insertion of the paralyzed muscles, the other either at the temple or back of the neck. The current should be just sufficiently intense to produce a slight sensation in the parts excited.

Secondly, prismatic glasses were used with the base turned upwards and slightly inwards for five minutes each day, using prisms of sufficient strength to nearly cause fusion of the images, and thus stimulating the diseased muscle to enough action to unite them. As the strength of the muscle returned the power of the prism was decreased. Lastly as internal remedies, Caust. Rhus tox. and Ruta grav., were given at different times upon indications. Improvement was manifest within the first week, during the fourth week the dipolpia entirely disappeared and has not since returned, the patient wearing the glasses and using her eyes constantly with perfect comfort.

A Case with a Suggestion.

By C. T. LIEBOLD, M.D., New York.

Eleven years ago, the late Dr. Yonlin, of Jersey City, referred a gentleman to me, whom Prof. T. F. Allen saw also in consultation. There could be no doubt of the diagnosis; it was a clear case of glaucoma inflammatorium absolutum of the left eye. It had developed for eight years without causing great pain at any time, even during the frequently recurring exacerbations. As there was greatly increased tension, the sight totally lost, and the iris reduced to a very small rim, it was concluded to evacuate the bulbus. During the operation I detected a hardness in the sclera at the posterior half, towards the nasal side. The evacuation was immediately enlarged to an enucleation. The swelling proved to be a fibroma of the size of half a bean, originating with the flat basis from the sclera and inseparable from it. Careful palpation of the whole orbita failed to give the slightest indication of any other swelling or hardness. Four weeks ago the same patient called again upon me with a tumor filling the whole orbita. Eight years ago, the first signs were noticed in inflammatory painless exacerbations with swelling of the contents of the orbita, which subsided after some days or weeks but recurred, at first in longer, gradually shorter intervals which have become now almost continuous. As soon as could be arranged the tumor was removed, which from its hardness and filling the whole orbita proved to be a very difficult operation. At the floor of the orbita in the region of the os palatinum it had caused a defect in the bone, admitting the point of the little finger. The microscopical examination is not finished yet, but the great hardness of the mass of the tumor and the detection of

sarcomatous cells in some parts of the circumference, by Dr. C. Heitzman leave little doubt as to its classification of fibro-sarcoma, originating from the sheath of the optic nerve.—In the light of this experience it would be well in a similar case to remove the optic nerve in its whole length in the orbita, even if no alteration of it could be detected, as in this case, at once. Analagous cases of multiple fibroma of the skin, originating from the pereostium will occur locally until the periost is carefully removed from the bone.

But this is not the suggestion I intended to make: it has a wider sphere. The patient is troubled with habitual constipation, and though a good homœopath, has drifted into the too prevalent use of mineral waters—table waters, to disguise under a pleasant name an unpleasant necessity. When I told him that mineral waters, and especially the Saratoga waters should not be used by constitutions like his with a tendency to foreign growth, nor those with a tendency to consumption, he said that he never heard of that before. And where should a homœopathic layman, or physician, learn of that, if he does not chance to come across an allopathic publication? There is no proving, so Dr. T. F. Allen informs me, of any of the mineral springs in the United States, supplemented by the facts of experience and clinical verifications. It certainly should be different; and this State Society should be the first, and at once go to work to remedy that defect. There should be a separate bureau for this work, and all Springs and Health Resorts of this State should be reported on, and published not only in connection with the annual report, but collected into book or pamphlet form; so that a homœopathic family or physician may study it and direct his clients in the right direction, and give correct advice. In the allopathic pamphlet I possess, the Saratoga waters are recommended as frequently curative in *chronic diarrhœas!* Sapienti sat!

BUREAU OF MENTAL AND NERVOUS DISEASES.

S. H. TALCOTT, M D., Chairman.

"General Paresis in Women," by A. P. Williamson, M.D.
"Exalted Delusions in Chronic Mania," by C. S. Kinney, M.D.
"Purperal Insanity," by W. M. Butler, M.D.
"Prevention of Insanity," by S H. Talcott, M.D.

Dr. S. H. Talcott, the Chairman of this Bureau, stated that while the Chairmen of the preceding Bureaux complained of being unable to procure a large number of papers, he had no trouble on that account in his Bureau. That they had a mill at Middletown in which the the victims were put, and a pressure brought to bear on them.

General Paresis in Women, Two Cases.

By A. P. WILLIAMSON, M.D., Middletown, N. Y.

General Paresis is rarely seen among women. For this reason the two following typical cases from the books of the State Homœopathic Asylum for the Insane are presented for the attention of the Society, and we hope will prove interesting.

Case No. 1287—Admitted May 2d, 1883. Age 36, married, no children. The family state the patient does not inherit any tendency to insanity. The patient is of large frame, and of nervo-lymphatic temperament.

About a year previous to admission her husband noticed his wife complained frequently of severe frontal headache, that she was slowly changing in her ideas and habits, and becoming unreasonable and extravagant in her desires and demands, and that she was easily excited and when crossed in any way very irritable. All of which was contrary to her previous life.

This changed condition became more noticeable, and the headache and other symptoms increased in severity until September, 1882, when she had a severe fright. This had the effect of calming her. A few weeks after this she became greatly depressed. Under the homœopathic remedies administered by her family physician "she steadily returned toward her normal mental condition." This improved state continued 'till April, 1883, when she had another attack of depression, which was soon followed by excitement, necessitating her immediate removal to an asylum.

The cause assigned by the family for the insanity was the suppression of the menses for several months in the early part of 1882.

On admission presented the following symptoms: Great mental and physical restlessness. A number of extravagant delusions, such as owning a carriage made of solid gold, that she was a "million heiress," that she possessed a vast quantity of precious stones, that she was very strong, etc. Great loquacity, volunteering information about her private affairs to all who would listen to her. Extremely affectionate toward everyone even to absolute strangers. Her speech was hesitating and thick, and when interrupted in her remarks finished with either an incoherent jumble of meaningless words, or else with those which were irrelevant. Singing loudly, words and tune being composed extemporaneously. Lips tremulous, and not always obedient to the will when trying to pronounce words with labial sounds. Careless in dress. Filthy in habits. Physical condition fair. Bowels regular. Menses irregular as to time and usually scanty and accompanied by severe pain. Appetite good. Unable to obtain subjective symptoms because of the unreliability of the patient's replies to our questions.

℞. Agaricus musc.

No especial change was noticed during the first ten days residence. The delusions varied a little, but their general character remained about the same.

On May 31st, she thought herself pregnant, and never having been so, this was a great event in her estimation She announced it to everyone she met in a very loud tone of voice. The restlessness continued although

she was very unsteady in her gait, and fell whenever she attempted to avoid obstacles in her path. For the past day or two has vomited a little after eating; to-day has been unable to retain any food. ℞. Pulsatilla prat. 14th. Seems stronger and retains all of her nourishment, ℞. Agaricus musc. 19th. To-day lips are not so tremulous, walks better, and is not so filthy. Says she owns a quantity of silk and satin dresses embroidered with pearls and sapphires. She menstruated from the 26th to the 29th, complained of little pain at the time. The discharge was natural in amount and character. During these days was very affectionate and wanted to kiss every man she saw.

May 31st. She expressed herself as being very happy because she was a Dutchess.

June 1st. Right pupil was markedly dilated while the left was contracted, both were unaffected by light.

During the following two weeks there was no marked change. One day she expressed herself as being pregnant with twenty-five or thirty babies, on another day she claimed to be worth forty millions of dollars.

21st. Menses ceased to-day after having been entirely natural and free from pain, but immediately after their cessation a large number of ecchymosed spots appeared on various parts of her body. ℞. Hamamelis.

30th. Since date of the above entry, has been quite depressed and has not mentioned her delusions of wealth and grandeur. To-day is crying with loud lamentations but will give no reason for her grief. ℞. Ignatia amara.

July 1st. Again bright and cheerful. Says she has sixty thousand millions of dollars in bank, which she is going to draw out and spend for candy. Still somewhat lachrymose. Walks better, and there is less tremulousness of lips and tongue.

10th. Continues bright and pleasant. Lips more tremulous than usual. Replies to question only when addressed as Princess Alexandria. It was only after having her repeat the last name a number of times that one could discover whom she thought herself. R. Agaricus musc.

During the succeeding two weeks she gained physically, and with the exception of a delusion that she made fifty thousand millions of dollars riding twenty-five horses bareback at once, her delusions commenced to markedly fade. She spoke of them less frequently and was easily convinced of their being false and of their absurdity. She also steadily gained better control of her lips and tongue when speaking.

On September 5th, her husband visited her and assured the Superindent that as far as he could discover she was as well as ever. As she was free from delusions, walked well and there was very little tremulousness of the lips left she was allowed to go home. She was discharged September 29th, 1883, very much improved.

Case No. 1480. Admitted May 14th, 1884. Age 36. Married. Three children. Husband states this is the second time his wife has been insane. The former attack occurred about two years ago, and was a light attack of melancholia. Is said now to have been insane about one month. The cause assigned is the death of the youngest child. No

history of insanity in her family could be obtained.

Upon admission she was very restless and noisy, singing loudly without any especial tune, sometimes using words but oftener using none. Immodest but without intending to behave improperly. Lips very tremulous. Often using wrong words in speaking and on attempting to correct herself supplies others equally irrelevant, speaks with extreme slowness and runs the last few words together. Very loquacious. Cries without any especial cause. When asked if she had any headache, answered, "yes, I have had sciatica." When walking, steps asif her ankles were weak, and slightly drags her right foot, pulse 84 weak and small. Temperature 98$\frac{2}{5}$. Appetite voracious. "Hungry all the time." Tongue large and flabby, taking imprint of teeth. Breath very offensive. Sleeps fairly well. Pupils contracted, left rather more than the right. Menses regular.

With but little encouragement related the following delusions, in about the order as here given: "I am Jesus Christ.' "My husband is worth millions and trillions of dollars Jesus gave him all this money. I am a very fine singer, and I am going to sing all around this kingdom. I can come down from heaven when I want to. I make a million dollars every time I sing. I had to sing here a million times before they would believe I was the mother of Jesus Christ. I have been here a year and a half" (had only been in the asylum twelve hours.) ℞. Spongia tosta.

16th. Has ceased singing. "I have had two babies since I came here by my husband and grand-father, because I don't do naughty things with other men." Talks constantly in a rambling manner.

18th. Denies having any delusions. Talks pretty well, but has much trouble in pronouncing words containing r, p, or k. Said coup, for croup. Lips very tremulous.

20th. Delusions returned with redoubled force. Thought herself immensely wealthy. Said she was Christ, and had the prints of the nails in her hands, that she got these while telegraphing from world to world. Entire absence of all ideas of modesty. Wants to run around naked, because her clothes were in the way. Very noisy and filthy.

23d. The exaltation was replaced by great despression. Seemed to be greatly worried about dirty hands, and devoted much of the day to washing them. Very lachrymose, when asked why she cried, answered, "I don't know." ℞. Ignatia amara.

25th. Says she must make electricity to kill the devils. To do this she was obliged to keep her hands constantly rovolving above her head, accompanying this with a song in a high key. ℞ Spongia tosta.

During the following few months she grew gradually more and more demented. Finally she became stupid and filthy. At times she was quite emotional, crying or laughing in a silly manner and without any apparent cause. Sometimes not being able to answer ordinary questions, and for a few and days did not know her name. The attendants were obliged to feed and bathe her, and when anything was being done for her, was always cross and usually quite violent.

Various remedies were prescribed as the symptoms suggested: Cann. ind., however seemed to do most good.

Early in November she commenced to brighten. Her language became more coherent. She was noisy. She increased in weight. She seemed to take more interest in her surroundings, she ceased being filthy and took care of herself, &c. In the beginning of January, some of her old delusions reappeared temporarily.

At the present writing she is slightly demented but is capable of caring for herself, properly and behaving like a lady. She has gained 28 lbs in weight since she came to the Asylum. She is very anxious to return home and, when cold weather has gone this desire will be gratified.

Exalted Delusions in Chronic Mania.

By C. SPENCER KINNEY, M.D., Middletown, N. Y.

The delusions that the insane entertain are influenced by the character of their disease, of their education and of the development of their emotional nature. Thus, we find in melancholia, the belief that they are ruined in body and mind, that themselves and families are coming to want, and that life has nothing in store for them. The memory of the past is a torture or like a partially forgotten dream, the presemt is irritating in its demands and the future holds nothing in its possibilities but ruined health and the loss of all that hitherto has been held dear. In mania we see the imperfectly developed and constantly changing delusions of the acute disease, and also the persistent and systematized forms common in the chronic disorder; while dementia offers little or no delusional scope, and the delusions, when present, are usually mere ebullitions of mild or transient delirium. In general paresis, the delusions are commonly so exalted that they have become to many, almost pathognomonic of the disease, independent of the motor disturbances that accompany paresis throughout its duration.

Before citing a case in which the exalted delusions common to the paretic have been found in chronic mania, we subjoin a table of the distinctive differences of the two diseases.

Chronic Mania.	*General Pareses.*
1. Hereditary tendency or constitutional pre-disposition.	1. Hereditary history, usually wanting.
2. Not energetic.	2. Past life energetic.
3. Naturally eccentric and suspicious.	3. Not eccentric or suspicious.
4. Not easily influenced.	4. Easily influenced.
5. Not easily fatigued.	5. Easily fatigued.
6. Persistent in his delusions.	6. Many delusions, exalted in character, not persistent.
7. Homicidal and suicidal attempts, premeditated.	7. Homicidal and suicidal attacks impulsive.
8. Physical condition generally	8. Physical condition fluctuating.

good.	
9. Physical symptoms wanting.	9. Physical symptoms numerous, constant and progressive.
10. Sleep and appetite not variable.	10. Sleep and appetite variable.
11. Love of family and friends at times perverted, but otherwise diminished.	11. Indifferent to family ties.
12. Duration of disease indefinite.	12. Duration of disease from one to six years.

C. M., male, æt. 45, No. 832, was admitted June 30th, 1880. Nothing was known of his former life except that he was peculiar; and had been for years the object of ridicule to all the children in his neighborhood.

On admission, he was in good physical condition, was less than medium size and weighed 122 pounds. He became much excited when not allowed to have his liberty, but soon grew quiet. He began to develop delusions, and among them the following, all strongly tinged with a feeling of unwarrantable persecution. Believed he was poisoned with arsenic, and wanted it removed from his stomach "right away." Said that he owned the United States, and was going to buy Africa for the heathens. Intended to level the entire country by raising up the valleys, then to cover the whole with manure to the depth of forty feet, plough it forty feet deep and make the furrows forty feet wide. When this had been accomplished he was going to sow it with seeds to the depth of twenty feet, and cover the whole earth with a glass cover that it might not be washed away by the rain, when he thought he would be able to do something with it.

He soon concluded to draw the water from the seas upon the land to make fish ponds. Said that the moon was built one hundred millions of years before the earth.

Thought that he would enlarge the asylum to accommodate all the people in the United States and to allow them three rooms apiece. The cooking for the entire number was to be done in one of the attendants' rooms. The floor of the building was to be of solid silver laid on old springs picked up in the streets of Middletown. The outside of the building he proposed should be of gold. Decided that the location of the asylum was not good, and said he was going to remove it to White Lake, Sullivan County, taking enough ground with it that the foundations might not be disturbed.

Was to construct an engine that would go across country up-hill and down at the rate of thirty-three miles in eleven seconds; also, a second engine the wheels of which were to be a mile in diameter and to go around the world in thirty seconds.

Having a generous impulse he promised to give his attendants one million cows, to be milked by a Newfoundland puppy who would perform the operation with his jaws. Talked of getting a drove of Buffalo bulls from the west, intending to feed them on acorns and to furnish the city of New York with milk.

Felt that his property needed fences and was going to saw up the mountains and make fences one hundred feet high and four feet wide.

Could not understand why a man capable of being of so much benefit to the world should be locked up. Told the ward physician if he did not grant him his liberty, he would take off the doctor's head, throw it away as useless, and put on his shoulders a bull's head. This plan lead him to the scheme of raising the dead and putting flesh and blood on their bones, the flesh and blood to be furnished from calves and sheep. Said that his friends were outside the asylum, and that all the people within were murderers; that the whole world was in his power. Would not eat meat as he said it was human flesh and that the beef given him was the uterus of some woman that had been a victim. He became much excited when urged to eat his dinner, and refused to eat.

On August 16th 1882, he was discharged unimproved.

While this patient had singularly exalted delusions, he was a case of chronic mania as his physical condition did not fluctuate, and the motor disturbances common to paresis were absent.

Puerperal Insanity.

By W. M. BUTLER, A.M., M.D., Brooklyn, N. Y.

No forms of insanity should be of more interest, or importance to the general practitioner than those which are classified under the general head of puerperal.

Some authors under this name include only the mental diseases which result from childbirth and lactation, while others embrace also the derangements of pregnancy. In this triple-headed sense shall we employ the term.

This disease is of special importance to the general practitioner, from the fact that its usual shortness of duration, and the objections of the friends to the incarceration of the patient in an asylum, render the treatment of the cases, at home, almost imperative upon the family physician.

Nor are there any cases of insanity in which the issue depends more entirely upon its skillful treatment. While, if properly treated, we find a larger proportion of recoveries from this than from any other form of insanity, yet if improperly managed, homicide, suicide, natural death or, worse than all, incurable mania or dementia are liable to result. Few cases, in the most curable period, find their way into asylums, and many of those, who afterward from the permanent population of such institutions, might have been useful members of society had they received proper treatment during the few critical days at home.

While comparatively little can be found, upon this subject, in the literature of our school, it has appeared to us of sufficient importance for brief consideration at this time.

This unwelcome guest may make its appearance at any time during gestation, at, or soon after delivery, or during lactation.

If during pregnancy, about the end of the third month, or early in

the fourth, has proved most vulnerable to its invasion; if at parturition when the head of the infant is emerging from the os uteri and the anguish is at its height;—if after delivery, Simpson says: "Its most general appearance is during the first two months subsequent, but especially during the first two weeks." While Burrows gives the third and fourth days as most obnoxious to the disease; if during lactation, it may occur at almost any period, as the climax of an over-drained, exhausted vitality. It is confined to no rank or condition in life, and finds victims among those of hardy physical fibre and blunted sensibilities, as well as among those of delicate, etherial frame, and nervous, excitable temperaments.

FREQUENCY.

Of the comparative frequency of the disease it is impossible to obtain accurate estimates. A large proportion of the cases, treated in private families, are never reported through professional deference to the wishes of interested friends, who carefully conceal its existence from public knowledge, lest the family pride find resting upon it the fatal stigma of insanity. Its frequency varies greatly in the reports consulted of different insane asylums and lying-in-hospitals. Haslem reports 84 cases of mania out of 1684, and Esquirol 92 out of 1119 parturient women. About twelve per cent. of all the females received during fifteen years at the Insane Hospital in Pittsburg, Pa., were made insane from puerperal causes. Of 2133 women admitted to the Pennsylvania Hospital at Philadelphia, nine per cent. arose from this cause. The statistics of our own state show that more than ten per cent. of all its female lunatics owe their condition to puerperal excitants; and the same is affirmed of the state of Pennsylvania. The late Sir. I. Y. Simpson remarks: "The statistics of insanity appear to show that about ten per cent. of all the females found in lunatic asylums have become the inmates of these institutions in consequence of Puerperal Mania."

The Wurzburg Lying-in-Hospital reports but five puerperal cases out of 7498, while on the other hand Weber gives 131 cases out of 1094 in Kelfflen. The difference in the time of discharge from these two establishments may account for the great discrepancy in ratio.

AETIOLOGY.

The causes of this disease may be divided into Predisposing, and Exciting.

PREDISPOSING.

As child-bearing is a natural physiological process, there should, therefore, be nothing in it, per se, productive of insanity. Hence we should expect, and observation affirms, that its victims are among those who are especially liable to its attack from constitutional inheritances and physical weaknesses. Among the most frequent and potent of these Predisposing Causes may be ranked

I. HEREDITY.

That a large proportion of puerperal cases occur in families with a marked insane diathesis, is asserted by the best authorities on this

subject. At least fifty per cent. of these cases are ascribed to Heredity by Simpson, Burrows, Ramsbotham, Gooch and Montgomery.

II. LOWERED VITALITY.

That some cause more potent even than Heredity must underlie these cases is evident from the fact that puerperal insanity may not result in the same individual from every pregnancy. It occurs more frequently in primiparaæ; but many, having several times safely entered upon maternity, may at some later confinement be attacked by the disease. Under this head may be classified many of the agencies which by some authors have been ranked as distinct causes. Among these may be mentioned albuminuria, tuberculosis, frequent child-bearing, puerperal convulsions, or any physical disease, which by lowering the vital powers, have rendered the nervous system less able to meet the shock attendant upon parturition.

EXCITING CAUSES.

To enumerate all the exciting causes mentioned by various writers would exceed the limitations of this paper. Many of these have undoubtedly been individual and have in reality been unimportant factors in producing the disease. The most important are undoubtedly dystocia, post-partum hemorrhage, eclampsia, violent removal of placenta, excessive shame, grief, fright, anxiety, surprise or any severe mental shock.

SYMPTOMATOLOGY.

Although classified under one head we really have the symptoms of three distinct forms of insanity to consider, viz:—

I. Insanity of Pregnancy.
II. Puerperal Mania.
III. Insanity of Lactation.

INSANITY OF PREGNANCY.

Hippocrates in speaking of the sexual organization of woman says that "the uterus is the starting point of a thousand ills." Pregnancy often accentuates the emotions and conditions observable at menstruation, predisposing the susceptible to depression and general morbidity. While in some patients these morbid tendencies may not pass the realm of reason, in others they become intensified and exaggerated into actual delusions, and reason is completely dethroned. Filled with hallucinations and delusions of the most frightful and distressing character, the patient sinks into the depths of melancholia. Every physical symptom natural to her condition is ascribed to the malignity of some unseen enemy.

Deceived by the false representations of her senses, her days become filled with blackest gloom, intensified by fear of her approaching confinement, which she imagines will subject her to untold and unbearable torture. Borne down by this weight of oppression she often seeks escape through the portal of suicide.

An occasional case of mania is met with during this period, but it is much rarer than melancholia.

Any period of gestation is liable to the invasion of insanity; but as has already been stated, the end of the third month is more than ordinarily susceptible to its malignity. It may be intermittent, or may continue unabated throughout pregnancy, disappearing at parturition, too often to be renewed a week or two later in still more exaggerated form.

PUERPERAL MANIA.

The symptoms of puerperal mania do not differ materially in their general appearance from those of an ordinary attack of acute mania. The attack may be mild, or of fierce and alarming nature. It is usually heralded by some evidences of general physical disturbance. Sleepless, restless, irritable and excitable, the pale pinched features, small accelerated pulse, clammy skin and great debility warn the attending physician of the near approach of this insidious foe. Rapidly growing worse, the patient soon becomes incoherent, noisy, stares wildly, resists control, sings, screams, cries, swears or prays, as the mood is. Filled with every form of delusion, she distrusts husband and friends, disowns her child; suicidal and homicidal unless unremittingly attended, she may destroy both her infant and herself. In the height of the attack we find the face flushed, head burning, pupils dilated, pulse greatly accelerated, temperature raised; tongue coated, breath fetid, bowels constipated, urine diminished or entirely suppressed, partial or entire disappearance of the lochia, and of lacteal secretion.

These symptoms with the tireless activity of body and mind and complete insomnia present a condition most alarming.

Puerperal insanity may assume the melancholic type; but this is of rare occurrence. Dr. Tuke regards this form as a simple recurrence of insanity of gestation.

INSANITY OF LACTATION.

This disease arises most frequently in patients of insane diathesis who have become debilitated by the experiences incident to maternity.

Usually occurring after several months of lactation, physical symptoms indicate a general condition of anæmia. The pallor, weakened pulse, clammy skin, vertigo, dimness of vision, insomnia and irregularity of the heart's action clearly indicate the lowered condition of the patient's vitality. Associated with these symptoms we find impaired digestion, revealed by coated tongue, loss of appetite or perverted cravings, and constipated bowels.

The mental disease may appear in the form of mania of evanescent character, which differs from puerperal mania only in being of milder type.

Mania and Melancholia in alternation occasionally are found; but by far the most common form of lacteal insanity, is melancholia, showing many points in common with dementia. While filled with delusions of depressing character which give rise to the most active suicidal attempts, the patient may appear to be deprived of all mental power. Sitting for hours motionless and regardless of all surroundings, heedless even of the calls of nature, a passing glance would fail to distinguish them from an ordinary case of dementia.

DIAGNOSIS.

In its main features, Puerperal Insanity so closely resembles other forms of insanity that it is impossible to diagnosticate it as puerperal, without the preceding history.

The diseases most closely simulating Puerperal Mania are Meningitis, Delirium of Fever and Mania-á-Potu.

I. MENINGITIS.

In Meningitis the intense cephalalgia, congestion of the eyes, with, photophobia, contracted pupils, extreme sensitiveness to external impressions and fever preceding the mental symptoms, usually distinguish it from Puerperal Mania, in which the mental aberration may be the first warning of danger.

II. DELIRIUM OF FEVER.

The physical symptoms common to fever when delirium attends it, but which do not occur in puerperal mania, make the two diseases readily distinguishable to the careful physician.

III. DELIRIUM OF MANIA-A-POTU.

The physical symptoms of the two forms of mental disturbance usually cause little difficulty in forming a differential diagnosis. The creamy tongue, alarmed, yet bloated face, and general loquacity of the habitual debauchee, are in striking contra distinction to the blanched face, wildly staring eyes and incoherent excitement alternating with obstinate and protracted silence of the puerperal case. The hallucinations may coincide; but the above, with numerous other physical symptoms, together with the very important fact that slumber ameliorates, or cures the alcoholic patient, whereas the fresh return to consciousness seems doubly to enrage the other sufferer, these materially aid the diagnostician.

PROGNOSIS.

It is a self-evident proposition that there are but three possible issues to puerperal insanity.

I. Restoration to Reason.

II. Chronic Insanity.

III. Death.

No other form of insanity presents so large a proportion of cases in which a favorable prognosis is liable to be borne out by the denoument.

When the attack comes on with great accleration of pulse and furious mania immediately after parturition, a fatal termination may be feared.

When such a case does recover, the mania is usually of very brief duration, and the mental restoration, complete.

The more tardy the attack after the equilibrium is regained from the shock of parturition, the better the prognosis for life; but, the attack is usually more prolonged, restoration if it occurs is incomplete, and the derangement is more liable to become chronic.

Gooch states in connection with puerperal insanity a fact admitted by alienists in general, that "mania is more dangerous to life, melancholia to reason."

Statistics are necessarily limited and unsatisfactory, owing to so great a majority of acute cases in the upper social strata being under private treatment.

In public hospitals and asylums we do not find, except in rare instances, a strict classification, all patients suffering from child-bearing disorders being indiscriminately grouped under the combined classification of puerperal insanity. We are therefore unable to give the comparative liabilities of patients, accurately classified under the different divisions of this head.

Some institutions give as high as eighty per cent. of cures of general puerperal cases. Esquiral gives sixty per cent. of cures from 92 cases. Burrows gives 11 chronics, 11 deaths, and 35 recoveries, out of 57 of his cases.

TREATMENT.

The Insanities of Pregnancy, of Puerperal Mania and of Lactation differ widely in the particulars of their general management, and on the classes of remedies required in their treatment. In all of these forms of insanity, the greatest watchfulness is imperative; since all these cases are liable to commit suicide; and not only the lives of the mothers, but the young lives so closely allied to their own may be endangered. All sharp instruments such as knives, scissors, razors &c., &c., should be removed. Care should be taken that the patient has no cord, bandage, handkerchief or other article of clothing by which strangulation might be accomplished, and that all dangerous drugs, or poisonous substances, common for household purposes, like Carbolic, or Oxalic acid, &c., should be kept under lock and key. The windows should be guarded, and the room in which the patient is confined securely fastened. The room selected for the patient should be large, well ventilated, accessible to the morning sun, and as far removed from the noise of the family life as possible.

The patient should be under the care of an efficient nurse, two if necessary not a member of the family. As the presence of friends or relatives is liable to excite the patient, they should be excluded.

In the insanity of pregnancy we must also bear in mind that the mental impressions of the mother may be transmitted as a life long inheritance to the unborn child. Remembering her physical condition we should endeavor by every means consistent therewith to divert the patient's mind from its morbid channels of thought. As far as possible we should prevent her from doing anything which would endanger her physical condition if possessed of reason. She should have agreeable companions and pleasant environments. Any quiet occupations or amusements which would divert her attention should be encouraged. Any means improving to her physical condition such as diet, ventilation, baths, gentle exercise in the open air &c., should not be lost sight of.

In puerperal mania the treatment must naturally vary greatly according to the date of its accession. When occurring immediately after delivery the patient should be kept constantly in bed in a recumbent position, by mechanical means if necessary and under no circumstances be allowed to stand upon her feet. This may seem superfluous advice yet we have

known of intelligent physicians who permitted a patient of this class to run about the house night and day, in a half clad condition, claiming that it would do her less harm than opposition and subjection to proper restraint. Although receiving proper treatment later these early mistakes were fatal to the life of the patient. Only by the most careful nursing can any physician hope to be successful, in these alarming cases, occurring immediatly upon parturition. Where the mania occurs some weeks after delivery and the patient has rallied physically, the case should be such as would be exercised over a case of ordinary mania.

In the Insanity of Lactation the chief object must be by every means possible to raise the lowered vitality of the patient. When exceedingly weak she should be kept in bed and prevented from doing anything which can in any degree exhaust her already weakened forces. A nourishing, easily digested diet should be given in small quantities at frequent intervals. Unable to take exercise the muscular system may be strengthened by daily massage. When the patient is not so greatly reduced physically but is in a state of mental torpor every means should be adopted for arousing her mental activity. She being regardless of her natural functions the attendant should see that the bowels and bladder are properly evacuated. Frequent, but not too protracted exercise in the open air should be insisted upon. While in the medication of these cases the homœopathist should keep open for his use the armamentarium of the entire Materia Medica and ever strive to select the similimum closest to his case he will find the following remedies most frequently efficacious.

The limits of an article like this will allow but an allusion to their most prominent mental symptoms.

For a clearer understanding of the medication we shall observe the classification thus far adhered to, placing the different remedies in the class in which we have found them most frequently curative.

I. Treatment of Insanity of Pregnancy. We here group, Aen, Actea-Rac. Alumnia., Ant. Crud., Bell., Calc., Carb., Ign., Lil., Tig., and Pulsatilla.

Acn.—This remedy is not as frequently indicated in this as in the next form of the disease. Yet it may often prove efficacious when we find vertigo with nausea, great depression on account of fear of death which the patient continually announces imminent in approaching parturition; and distresses all about her by ceaseless weeping and lamentations. Great restlessness, sleeplessness or sleep disturbed by disagreeable dreams.

Actœa Rac.—Thinks she is becoming crazy. Greatly depressed by fear of death, and a sensation as if something had settled down upon the brain rendering everything dark and obscure. Severe pains as though the eyes and whole occipital region were penetrated by sharp instruments. Nausea, false labor pains, sleeplessness. Especially suited to patients subject to neuralgia and rheumatism and inclined to be hysterical.

Alumina.—Sad, depressed, dull, stupid, filled with an indescribable fearfulness. Peevish, obstinate, not inclined to do anything. Loss of appetite with a longing for indigestable substances, and obstinate consti-

pation. Restless unrefreshing sleep. This remedy is not very frequently called for; but when indicated speedy and effectual in its action.

Antimonium Crudum.—Undue anxiety about the present and future. Obstinate and taciturn. Inclined to suicide by shooting, especially at night. Dull, apathetic, regardless of the calls of nature. Tongue coated white, alternate diarrhœa and constipation. Wakeful at night, sleepy in the day time.

Adapted to the most serious forms of the disease. When dementia seems imminent it should not be forgotten.

Belladonna.—Great anguish and depression with violent weeping and moaning attended by intense fearfulness. Head hot, face flushed, pupils dilated. Sleeplessness, or great sleepiness the patient awaking with a start the moment she falls asleep.

When depression occurs in connection with marked passive cerebral congestion, no other remedy is as satisfactory, especially when given in the lower potencies.

Calcarea Carbonica.—Apprehensive of misfortune. Thinks she will die or become crazy at her confinement. Peevish, obstinate, face pale, disorders of digestion, pyrosis, constipation, flatulency, poor circulation, unrefreshing slumber. Adapted to poorly nourished scrofulous phthisical women.

Ignatia.—Silent melancholy, with constant brooding over real or imagined griefs, which the patient refuses to confide in anyone. Obstinate, taciturn, inclined to be offended at proffered sympathy. Restless, sleep often attended by nightmare. Most effectual in nervous hysterical subjects.

Lilium Tigrinum.—Depression of spirits inclining the patient to weep. Timidity, apprehensiveness of some fatal disease, or of becoming insane. Loss of memory and difficulty in the selection of proper words when conversing. Pressure upon the rectum and irritability of the bladder.

Applicable to neuralgic, hysterical women who have suffered from uterine or ovarian disorders.

Pulsatilla.—Melancholia manifested by frequent weeping, solicitude concerning health, despair of salvation with constant praying and great anguish, causing her to desire to commit suicide. Suspicion, mistrust, fear of ghosts and men.

Adapted to mild, gentle, tearful natures with little vim and sufferers from numerous gastric disorders during pregnancy.

II. PUERPERAL MANIA.

Under this head we place Acn., Apis, Baryta Carb., Bell., Cantharis, Hyos., Lach., Phos., Petrol, Plat., Stram., Tarentula, Verat Alb. and Verat Vir.

Aconitum.—This is frequently useful at the outset of the disease, when characterized by marked inflammatory action, shown by full, rapid pulse, high temperature, general heat of skin, great restlessness and intense thirst. The patients are exceedingly nervous, starting in affright at the least noise, countenance expressive of great timidity. Sleepless or sleep broken by frightful dreams.

While often exceedingly beneficial in this stage, unless a marked effect is soon apparent, the remedy should be discontinued.

Apis.—Restless, uneasy constantly changing from one occupation to another. Awkward, inclined to drop articles. Bloating of the face and œdema of the hands and limbs.

Insufficient secretion or complete suppression of urine. Aggravation of mental excitement from three to five P. M.

Applicable where the mania has passed into the sub-acute stage and in patients subject to ovarian disorders and where the kidneys are inactive.

Baryta Carb.—Irresolute and changeable. Thinks people are criticising and laughing at her. Subject to outbursts of anger. Useful in sub-acute and chronic cases characterized by these delusions.

Belladonna —No other remedy is as frequently curative as Bell. in the first stages of the disease and none other as often clearly indicated.

The intense cerebral congestion, hot head, injected eyes with dilated pupils and red bloated face, the furious delirium attended by delusions, hallucinations, illusions, the paroxysms of rage in which the patient will bite, strike, kick, tear her clothing or anything within reach, complete insomnia or broken slumber, the painfully distended, sensitive abdomen and offensive lochia present too complete a picture of the Belladonna proving not to be helped by its administration.

In this intensified erethistic condition of the system the higher potencies are usually most efficacious.

Cantharis.—This in its furious delirium with attempts to bite anyone within reach, and its barking like a dog, etc., closely resembles Bell. But its accompanying bladder symptoms and greater sexual excitement usually render it readily distinguishable.

Hyoscyamus.—The Hyos. is not as violent and dangerous as the Bell. patient but no less insane. She sings, cries, laughs, scolds, swears, talks obscenely and often accuses her husband or herself of infidelity. She may refuse all food claiming that it is poisoned. This is one of its commonest delusions. She is exceedinglg nervous. restless, sleepless and fickle in her moods. Usually nymphomaniacal, she uncovers her sexual parts unless prevented, and by her conversation reveals her intense sexual excitement. This remedy is frequently indicated and usually produces satisfactory results.

Lachesis.—Loquacious, changing from one subject to another, proud, jealous, suspicious. Imagines herself under super-human control. Uterus exceedingly sensative to the slightest pressure of the bed clothing. Sleepiness with inability to sleep or sleep followed by aggravation of all symptoms. Not as frequently required as some other remedies or as satisfactory when administered.

Petroleum.—Violent, excitable, irritable, easily frightened, imagines some one in her bed beside her, or that her body is double, or that she has three legs. This remedy is not often indicated, but from its proving would seem likely at some time to prove useful.

Phosphorus.—Hallucinations of sight, sees faces leering at her from the walls. Constant desire to escape from bed. Delusion that her body is in pieces and that she cannot properly re-arrange the fragments. Loquacious, inclined to sing and laugh. Perfectly shameless, tears her

clothing fron her body and desires to go nude. Nervous and fearful, worse toward evening, sleepless before midnight.

Useful when the nervous system has been greatly exhausted prior to the onset of the disease.

Platina.—Proud, haughty, imagines herself superior to everyone about her, imperious and dictatorial. Peevish, irritable, easily offended. Nymphomaniacal with painful sensitiveness of the genitals. Adapted to weak hysterical women.

Stramonium.—Stramonium differs from Bell. chiefly in the intensity of its symptoms It is most effectual in those cases where the mental excitement becomes a perfect frenzy, and every vestige of reason is swept away. Filled with frightful delusions their furious paroxysms can only be controlled by force. Nymphomaniacal their language and gestures reveal the sexual excitement.

Fortunately few cases are sufficiently severe to require this remedy, but in the worst forms of the disease it has no rival.

Tarentula.—Delusions, hallucinations of sight, sees monsters, ghosts, faces exceedingly changeable at one moment laughs and jokes, the next taciturn, irritable and ugly. Aggravated by music.

Inclined to nymphomania, the patients helped by this remedy are characterized by their mental changeableness, treachery and sly cunning. Seldom called for in the acute form of the disease, it is often useful when it has passed into the sub-acute or chronic stage.

VERATRUM ALBUM.

Full of delusions that she is deaf, blind, pregnant or in labor, kisses everyone near her, sings, laughs, whistles, or screams, howls, swears and bites and tears everything within her reach.

Face pale, features pointed, forehead covered with cold perspiration, abdomen very sensitive to the touch, urine suppressed or involuntary. Pulse rapid, feeble, irregular.

Adapted to cases extremely prostrated when attacked, or in which the disease has so weakened the vital forces that death seems imminent.

Veratrum Viride.—Silent, suspicious distrustful, afraid of poison. Imagines that electricity is being applied to her. Sleepless. Face flushed, or pale, cold face covered with cold perspiration. Tongue coated with red streak through the center. Temperature elevated pulse and respiration rapid.

(3.) INSANITY OF LACTATION.

The remedies most effectual in this form of the disease are Ars., China, Dig., Natr., Mur., Sepia, Verat. Alb.

Arsenicum Album.—Great depression with fits of anguish, which drive her to distraction. Great fear of thieves, hallucinations of sight sees vermin about her, ghosts, dead persons. Restless and uneasy, her mental agony will not allow her a moment's quiet. Desperately suicidal from a desire to escape from her present misery. Face pale and sunken, tongue red and dry. Appetite poor. Violent thirst for small quantities of water.

No other remedy is as often curative in suicidal melanch olia where there is great exhaustion and debility reflected in the mental depression.

China.—Great sadness and depression, fears, apprehensions. Indifference and taciturnity, dullness of head, indisposition to do anything. Vertigo with attacks of dimness of vision and fainting sensations. Face pale. Appetite poor, digestion disturbed. Sleepless or unrefreshing sleep.

Beneficial when the patient has lost much blood at her confinement, or been greatly drained by too prolonged nursing. Should be given in appreciable doses.

Digitalis.—Despondent, anxious, apprehensive. Fear of death, inclined to solitude, weakness of memory, dullness of intellect. Faintness, coldness of skin with very slow pulse.

The chief characteristic calling for the use of this drug is the slow pulse.

Natrum Muriaticum.—Very melancholy, expressing her grief by frequent floods of tears. Mind dull, memory weak. Severe frontal headache, worse in morning lasting until noon. General prostration and great weakness with a peculiar old look much beyond the patient's years.

The rapidity with which this remedy removes this group of symptoms and restores the original bloom of health is often remarkable.

Sepia.—Great sadness with frequent weeping. Great anxiety about her health, all her ailments being exaggerated. Desire for solitude. Suicidal from a loathing of her present condition. Dissatisfied and critical. Sensative to noise. Great indifference to her family. Yellow saddle across the nose and upper part of cheeks. Weak, empty feeling in stomach and abdomen. Pain in uterus with bearing down sensation in all the pelvic organs as though the contents would issue through the vulva. Profuse offensive excoriating, yellow leucorrhœa. Excessive prostration and exhaustion.

Extremely beneficial in cases afflicted with old uterine displacements, where the strength has been sapped by prolonged lactation and old chronic leucorrhœa.

Veratrum Album.—This drug is especially efficacious in the apparently most hopeless cases, where the patient sits in a stupid manner with the head bent forward, taking no apparent notice of anything, answering in monosyllables or not at all; often eating nothing unless fed, skin cold and blue, pulse weak and intermitting. With the foregoing symptoms we have occasional fainting spells, with temporary unconsciousness and suspension of the heart's action. Under the influence of Veratrum the depressed vital powers are soon revived and the patient advances to complete recovery.

The Prevention of Insanity.

By SELDON H. TALCOTT, M.D.

A consideration of the causes which produce insanity leads naturally to the conclusion that many of these causes are avoidable, and that insanity may be prevented by due and timely care. At the same time, we are obliged to remember that some of the causes which induce mental disturbance are inborn or predisposed, and therefore, in many instances, life-continuing. Under the effects of a highly accomplished, but imperfect and one-sided civilization we find the exciting causes of insanity looming up on every hand, pressing and pursuing humanity even from the mother's womb to the final shelter of the coffin and the crypt.

Aside from inherited, and therefore to a certain extent unavoidable causes of insanity, we find that *excess* of every possible form and variety in living, acting, or thinking tends to the production of insanity. *Moderation* is therefore the essence of prevention; but who can be moderate under the stimulus of a transmitted, highly nervous and sensitive organism? Who can practice the fullest powers of self-reserve when the prizes of life stand out before us to become the property of the hands that grasp them first? Who can be self-contained amid the hurry and rush and whirl of American life? A new philosophy must indeed prevade the minds of the young before moderation can be practiced. We must come to appreciate the fact that the prizes of wealth, of power, and of fame are not worth the risks and dangers which beset those who would attain them. We must come to realize the fact that long life, peace of mind, and moderate happiness are better and more acceptable to the philosophic soul than are the best rewards of wealth or fame, coupled with the retribution of mental destruction which too often follows the acquirement.

Developing and maintaining physical health, checking and restraining the impulses of ambition, and cultivating a spirit of satisfaction with moderate achievements will do more than all things else to prevent the development and increase of insanity in the new world.

Just here we may be permitted to state that one of the chief unnoticed causes of insanity is a disappointed ambition. This cause finds little place in statistical tables, but it exists, nevertheless. There is no country in the world where the possibility of rising to eminence, to fame, and to fortune is so broad, bright, and encouraging as in this favored land; and yet there is no country in the world more replete with the broken wrecks of disappointed ambition than this. We meet such wrecks in every street and thoroughfare of the great cities, and along the highways and byways of the country. They flock about the tables of the money changers in Wall street, and they hover like flies in the neighborhood of every office or position of honor or trust. When the means used for the gratification of man's ambition fail, when hope deferred has made the heart sick, then there creeps in a physical condition and a mental state which favor most strongly the production and the ripening of insanity. If we were called upon to utter in a single sentence the warning which is most needed by the young men and women of this continent at the present time, we should say, in the language of Wolsey to Cromwell,

"I charge thee, fling away ambition;
By that sin fell the angels; how can man then,
The image of his maker, hope to win by't?"

A reasonable ambition is necessary for the accomplishment of every noble task. That ambition is unwise, unholy, and unapproved by God when under its effects the young break down and wear out prematurely, and when under its sweeping shock they become disgruntled wrecks which even the gentle ministration of an insane asylum cannot possibly repair.

Moderate ambition will lead to ripe achievement. Excessive ambition is worse than the battle-path of glory, for it "leads but to the grave" direct, while the former drags its victims through years of weary suffering before the rest of the tomb is vouchsafed to their tired bones.

The present system of education, as practiced in our public schools and academies should be modified and reformed. There should be more freedom, more fresh air, more sunlight, and more fun; and less close confinement to hard benches and harder study. Especially should girls be restrained from excessive study until after the normal functions of life have been safely and fully established. Education proper should begin when boys and girls have passed their sixteenth mile-post in life.

In addition to the dangers of excessive mental strain which beset the young in our present hot-beds of learning, we find a leading and growing tendency to excess in social pleasures. We find that the days are passed in exhausting study, and the nights, too often, given over to unrestrained social enjoyment. Business and pleasure should always find an appropriate and harmonious combination in our daily lives; but the amount of each should be very much reduced in the daily round of the average young American.

Excessive athletic sports are likewise dangerous, and produce disastrous consequences upon both the heart and the brain.

One of the main requisites for the prevention of insanity is to secure, nightly, an abundance of refreshing and recuperating sleep. Very few young and growing people can live safely on less than eight hours sleep in every twenty-four.

The Indian rarely becomes insane. Some ascribe this immunity to the fact that he lives much out of doors. Beyond this, however, he lives in an atmosphere of contentment, and of harmony with the great spirit of nature. We do not advocate relapses of civilized beings to the condition of the Indian; but, while we may retain much of the pure intellectual development and much of civilized enjoyment, yet, with both pleasure and profit we may imitate the Indian to the extent of securing an abundance of fresh air and out-door exercise, and we may likewise worthily imitate him in that contentment of spirit which comes from putting away unprofitable ambitions.

Man may progress, intellectually, to a condition of rare refinement and power, but there are limits to progress even in this direction. Unwise development in an intellectual line must be restrained, or premature decay, both of men and of nations will invariably follow. The temple of Solomon, the wise, has crumbled; and the centres of Athenian wisdom have become the sporting grounds of ignorant beggar boys.

The family physican should warn parents against the dangers of unwise education; and especially should they guard and restrain those of precocious tendencies. The youth of our land should be trained after the fashion of the Persians who taught their sons to ride magnificently on horse back, to shoot with accuracy, and to always speak the truth; and when these accomplishments were acquired they left them to pursue their mental work in a manner best suited to their individual tastes. If subjected to such methods, even the ungainly in body, and those who are predisposed to weak and erratic conditions of mind would finally develope into approximate symmetry and usefulness.

To win the prize of a sound body and a healthful mind, and to keep them both in health, should be the highest ambition. To acquire such means for usefulness on earth one has but to study and imitate the lives of such men as Chancellor Kent, Sir Walter Scott, and Adam Clark.

If people would adopt these measures of prevention there would be far less of business engrossment, far less aspirations for wealth and power which can never be gained, far less of disappointed ambition, and fewer candidates for asylum wards.

DISCUSSION.

Dr. A. C. Howland: This paper certainly expresses my ideas, and I would endorse everything Dr. Talcott has said on that subject.

Dr. J. M. Lee: This paper is of general interest. If I understand rightly, the society can publish it and may also give it to the press that the people throughout the state may have the benefit. I move that it be given to the medical press.

Dr. S. H. Talcott: I believe it is the wish of the society, as a rule, that all papers be reserved for publication in the *Transactions*, in order to make the *Transactions* as valuable as possible. If it is the wish of the Society that the paper should be presented for publication to the press at once, I make no objection, but the general tendency of the Society has been to refrain from giving them to medical journals for publication before they appear in the *Transactions*.

Dr. W. H. Watson: I would amend that the press of this city be requested to publish the paper by Dr. Talcott. Carried.

BUREAU OF HISTOLOGY.

The Chairman announced that he had been unable to secure any papers and had been too much occupied to write himself.

EVENING SESSION.

Reports of Delegates.

Dr. E. Hasbrouck: I would report that Drs. T. F. Allen, A. R. Wright and myself were present as delegates at the meeting of the American

Institute. It was one of the largest meetings the American Institute ever had.

As delegate to the Connecticut State Society, an appointment with which I was honored, I would report :—

To Edward S. Coburn, M.D., President Hom. Med. Soc. of State of New York.

DEAR SIR :—

Having been honored by the Society, through you, with the appointment of Delegate to the Connecticut State Society, I hereby report that it was my pleasure to obey your mandate on May 20th, 1884, by an attendance at meeting of that Society held at New Haven. The Society gave your delegate a very cordial welcome, associated with an invitation to take part in the discussions of the Society. Herewith find appended reports of the meeting, as published in the daily papers of New Haven, and presenting a very fair record of the proceedings :—

The twentieth annual meeting of the Connecticut Homœopathic Society was held to-day at the Elliott House. The meeting was called to order shortly after 10 o'clock, President E. H. Cheney, of New Haven, being in the chair. The other officers of the Society were A. H. Allen, M.D., New London, Vice-President; E. B. Hooker, M.D., Hartford, Secretary and Treasurer; G. H. Wilson, M.D., Meriden, Librarian; E. C. Case, M.D., Hartford; C. B. Adams, M.D., New Haven; E. H. Linnell, M.D., Norwich; E. P. Gregory, M.D., Waterbury, and C. S. Hoag, Bridgeport, Censors.

President Cheney introduced Rev. Mr. Nichols, of New Haven, who opened the proceedings with prayer. In his invocation he said: "Suffer us not to separate things material from all spiritual association."

The record of the last meeting (semi-annual) was read by Dr. Hooker and approved.

The report of the Secretary was read. The Society has on the records sixty-three active members and thirty-seven honorary members. Two members have died—Dr. Lucius H. Norton, of Bridgeport, at the age of sixty-one and Dr. James D. Johnson, of Hartford. The resignations of Drs. Williams of Cheshire and George L. Foot have been received.

The Treasurer's report showed to May 20th, a balance received from last term $39.55, collected $102; total receipts $141.55. Expenditures $95.16. Balance on hand $46.39. The report was accepted. The auditing committee's report was then accepted.

President Cheney proposed to interrupt the general order of business, in order to listen to an address by Professor William C. Robinson of the Yale Law School. A synopsis of which is as follows:

MEDICAL EXPERTS.

Although a court of justice usually requires that a witness should testify only to facts within his personal knowledge, yet there are cases where the facts cannot be thus described, but where the opinion of the witness formed from the facts is accepted as the guide of the court. If the facts are of such a nature that they could not be understood, or the proper conclusions could not be drawn from them except by persons

scientifically trained for the purpose, such persons are permitted to testify to their opinions as expert witnesses, and their conclusions are usually accepted by the court as a substitute for that judicial action which circumstances render it impossible for the judge or jury to perform alone. The responsibility, which rests upon an expert witness is scarcely capable of being over-estimated. In many cases, his opinion becomes the judgment of the court, and justice thus promoted or defeated according to the accuracy of his perceptions and the soundness of his reasonings. This responsibility is none the lighter from the fact that the decision of a cause is finally pronounced through the officials of a court. The position and the duties of the expert are as well established, and as fully recognized in law, as those of any other witness, or even of the judge himself. Though he sits within the witness stand, and not upon the bench, his utterances are the pronouncing of a judgment, which by law he has a right to give, and of which, when pronounced, the more formal utterances of the court are but the echo and the affirmation. Nor can the importance of this class of witnesses be too highly stated. While it has always been the case, that evidence of this nature becomes sometimes necessary, yet, with the recent progress of all kinds of scientific and industrial pursuits, and the litigation which attends them, the demand for competent expert testimony is constantly increasing. There is scarcely any human occupation, however ancient or however humble, which has not shared this progress, and which does not now demand a greater or less degree of technical knowledge, in order to perceive and adequately weigh the fact by which the questions in dispute concerning it may be determined. As society becomes more intelligent, and more absorbed in the struggle for the comforts and pleasures of life, personal quarrels, and the legal controversies which grow out of them, are gradually disappearing, and property quarrels, for the most part involving these technical difficulties, take their place and occupy more and more of the attention of the courts. Thus we find that, in answer to this demand, the number of professional experts is constantly multiplying, and that schools or classes of expert witnesses are gradually forming around many of the principal sciences and arts, some of whose members are obtaining world-wide reputations for their acuteness in observing and for the clearness and infallibility of their deductions. It may appear somewhat strange, in view of the responsibility and importance of this class of witnesses, that they should have come to be regarded in these later years, with considerable distrust by the courts and by the public. There is, no doubt, a natural disposition in the mind of man to withhold his assent from a proposition, whose reason and proof is beyond his comprehension, but this does not account for the growing prejudice against expert testimony, which has sprung up within the last decade, and has been fostered by many criticisms from the bench. The causes for this distrust seem to have been given by experts themselves, and to have arisen from an entire misapprehension of their duties as judicial officers, furnishing to the court conclusions, which under the peculiar circumstances of the case, it is unable to arrive at by itself. No doubt much of the evil thus described, is due to the manner in which expert evidence is presented to

the court, and might be obviated by a change of practice in this respect. Clients now select their experts as they do their lawyers, having regard to those who will serve their purpose best. They are not limited, as in the case of other witnesses, to those who have already some acquaintance with the cause; but are at liberty to choose any one who, upon examining the facts presented to him, is willing to give a sworn opinion in their favor. Experts appearing in a case are thus known, as committed to one side or the other, before their testimony has begun, and simply to read their names, as advocating that particular opinion would often be as useful as to allow them to testify at length upon the stand.

It needs no extended argument to prove that upon any true view of the nature and purpose of expert testimony these causes of complaint should not exist. As the expert is placed in the position of the court, to see, in its stead and on its behalf, those facts of which, for various reasons, it cannot acquire a knowledge, no fact ought to enter into his consideration unless it is as definitely and certainly known as it would be if actually proved in court. As he exercises, with reference to those facts, the same judicial functions which the court would do if the facts could be reproduced before it, he ought to proceed to his conclusions with the same carefulness and impartiality as any judge would manifest upon the bench, having the same high regard for ultimate justice. Such motives and such conduct on the part of experts would quickly place their services in the exalted place in popular and professional estimation to which its inherent nature entitles it, and would render it the most valuable and most conclusive form of human testimony. For it is not possible that a body of trained experts, carefully examining all the ascertainable facts, excluding from consideration such as are doubtful or of uncertain significance, and drawing from the rest only such conclusions as they scientifically warrant, could fail to agree in their deductions or could be diverted into any serious error. From what has already been stated, it is apparent that the qualifications of an expert are two fold. He must be a competent observer of facts. He must be a competent reasoner upon facts. To these may be added a third, if he would attain the highest degree of usefulness he must be able to explain his observations and deductions to the court in such a manner that they can be understood and intelligently affirmed. Each of these qualifications is the result, wholly or in part, of prolonged and sedulous self training; and, with equal natural capabilities, the comparative value of experts depends upon the extent to which this training has been carried. Much of what has heretofore been stated in reference to experts in general is particularly true of medical experts. In no other science are the facts themselves more recondite, or so far beyond the scope of ordinary knowledge. It is indeed strange, in view of the possession of this physical organization by every human being, that there is probably no subject of which educated laymen know so little, as they do of the structure of their own bodies and of the operations constantly taking place within them. Judges and lawyers, as a class form no exception to this rule. And hence there is no department of expert testimony, in which the courts are more entirely dependent upon the witness or where so great a responsibility is thrown upon his shoulders.

At the same time, the cases in which medical expert evidence is most necessary and important, are those in which an accurately just decision is most indispensible, cases not involving property interests merely, but the security of the state and the lives and liberty of its citizens. I can imagine no more responsible position than that of a medical witness in a case of rape or murder, where, as often happens, he alone is to determine whether or not the alleged crime has been committed, and to do this, not as one who saw it, but to reason out his decision from the facts perceived by or submitted to him. No judge upon the bench is ever placed in such a situation. His judgments, if erroneous, are open to review, but there is no court of errors by which the mistakes of an expert can be corrected, and if he errs the wrong remains for ever unredressed. The subject matter to which the science of medicine is directed also has difficulties within itself, which render observations uncertain and conclusions hazardous. Beyond all that the senses can perceive there lies a force, or a group of forces, whose nature no one understands and whose mode and measure of operation no one can discover.

This enters as an unknown quantity into every estimate of causes, and must be allowed for in every attempt to reason from effects. Hence it is true that with all the advance made in medical science, it is rarely ever the case that a medical witness can say that he is sure that he has all the facts before him, which he ought to have in order to arrive at a reliable conclusion, or that the reasoning process whereby he reaches his results is fully warranted by the known analogies with which experience has rendered him familiar. This condition of affairs ought to beget in medical experts a degree of caution in stating their deductions, which is usual even in the most learned and conscientious among them. The more serious these difficulties, however, the more necessary it is that they be duly apprehended, and as far as possible avoided by careful training of the expert and by exceeding dilligence in observing and great deliberation in deciding. The discipline to which every good physician is subjected in the daily practice of making diagnoses and from determining his mode of treatment, is in the direct line of his training as an expert, and if he carries to the witness stand the same sense of responsibility and the same methods of reaching his results, his service to the public can only be measured by the occasions upon which his expert evidence may be required.

At the conclusion of the able address there was considerable applause and a vote of thanks was moved and unanimously passed to the speaker.

Dr. Danford of Bridgeport in the discussion which followed the reading, said he believed that all experts should be called by judges of the court. It was difficult for any expert to be exactly fair, when called upon by one side or the other.

Ex-Judge Robinson said the new coroner system was an attempt to make some improvement.

Dr. Wilson of Meriden referred to the fact that the expert system was generally seen by the lawyer on one side of a case. The experts of the medical profession generally go into court pretty well instructed by the lawyers.

Ex-Judge Robinson did not see a remedy for this as law was now practised.

Propositions for membership to the Association were received as follows: Dr. Orville R. Kelsey, Waterbury; Dr. Arthur F. Eiffe, Wallingford; Dr. William E. Reed, Ansonia; Dr. Edwin C. M. Hall, New London; Dr. Lucy Louise Brigham, Hartford; Dr. E. C. Gidmam, Falls Village.

Dr. Hasbrouck, of Brooklyn, L. I., was introduced to the society as a visiting delegate. He was handsomely received and said that he came, first to present the congratulations of the New York State Society, and second, to make professional acquaintances. He knew of no pleasanter way to make acquaintances than to attend these conventions.

The resignation of Dr. Williams of Cheshire, was accepted, the tender of it having been imperative.

Chairman E. P. Gregory of the Board of Censors, to which had been added Drs. Sanford, Wilson and Walker, reported in favor of admitting the applicants whose names are already printed. They were duly elected one ballot being cast by the secretary.

The resignation of Dr. Foote was accepted on the ground that he has abandoned the practice of medicine and is to retire from the State. He was placed on the list of honorary members of this Society.

The Secretary asked for a formal expression of regret at losing so valuable a member. Dr. Stone of Fair Haven moved that the Secretary should draw up a resolution to this effect to be sent to Dr. Foote. Adopted.

Dr. Wilson of Meriden, read a paper upon "Diptheria." He commenced by saying that about 1850 appeared a disease that was new to physicians. The speaker then proceeded to give a very interesting account of the spread of the disorder from the time of its appearance as a sporadic, endemic disease. He described the appearance of the disease and the early remedies which were applied, giving an account of numerous cases of interest, and describing the symptoms and remedies applied in each. The account of the treatment of the cases in Meriden would be too technical and scientific for the edification of the ordinary reader.

In 1875 Dr. Wilson treated 226 diptheretic cases, with a loss of twelve. He kept a record and a diagram of the disease as it appeared in different parts of the town of Meriden. Infection was traced to Georgia by means of toys, and as far as Florida by clothing. The use of petroleum appeared to have more than an accidental relation to this disease. Two cases resulted fatally from a relapse caused by the resumption of kerosene oil for lighting. The doctor gave many facts in support of his theory that diphtheria was perhaps caused and certainly aggravated by the use of kerosene oil. He had seen fatality from the use of bi-chromate of mercury, from high-feeding with meat, and even from the use of beef-tea. There are so many deaths of convalescent patients that it is made clear that convalescents require the most careful and intelligent treatment.

The doctor exhibited a plan of such parts of Meriden as had suffered from diphtheria and said he wished to especially call the attention of the society to kerosene oil as a cause of the disease.

In the discussion which followed it appeared that in the year when the

the disease appeared in Philadelphia it was near where kerosene oil was stored.

A delegate spoke of the effect of treatment with nitrate of silver at the outset of the study of the disease.

Another delegate traversed Dr. Wilson's theory, saying it would be difficult to find death from any cause where kerosene was not more or less in use.

Dr. P. P. Wells of Brooklyn, a venerable gentleman, was asked for his views. He said that diphtheria must be treated just the same as any other disease, according to the elements presented. It was foolish to believe in any one drug. With regard to the capanite lately brought into use, it might answer for eleven cases and be worth nothing for the twelfth. He believed in analyzing every case and giving that remedy which each individual case required. When there is a weak action of the heart, the patient should never be allowed to sit up. He is liable to die suddenly.

Dr. C. S. Hoag said that in diphtheretic throats any medicine which would change the putrid accumulation in the throat would be good to cure.

Dr. Wilson claimed that in all cases of epidemics homœopathic treatment had been most successful. Constantine Herring was not a fool, and knew what he was about. Men who had put on their deodorizers and anti-septics had generally failed.

Dr. Wells of Brooklyn was called upon to read a paper and make some remarks. He responded with a paper of much interest upon "Materia Medica—a science—its nature and how it is to be used." The relation of materia medica to therapeutics was treated at some length. He said that in making use of a remedy we should remember that an agent is being used which has a sick-making power. This being so, all in excess of that needed for cure must be reviewed as dangerous. The question with the Allopathist is. "How much can you take and escape with life?" While the Homœopathist must first know how little will cure.

The reading was much applauded by the convention and on motion of the Secretary the thanks of the body were unanimously extended to Dr. Wells.

At two o'clock the members dined at the Elliott House. In the afternoon a bureau of Materia Medica was created with Dr. Hooker as Chairman. The Chairman was directed to name the members of the bureau.

Officers of the Society elected are: President, A. H. Allen, M.D., New London; Vice-president, E. E. Case, M.D., Hartford; Secretary and Treasurer, E. B. Hooker, M.D., Hartford; Librarian G. H. Wilson, M.D., Meriden: Censors, E. J. Walker, M.D., New Haven; E. H. Linnell, M.D., Norwich; E. P. Gregory, M. D., Waterbury; C. S. Hoag, M.D., Bridgeport.

The President, Dr. Cheney, of this city, delivered the Annual Address, his subject being "The Present State of Medical Science." After alluding to the tendency to great liberality in the profession, he urged the importance of attention to facts as observed in nature, rather than to

theory. Well-tried methods should not be forsaken for a treatment based upon hypothesis. Homœopathy was based upon the observation of nature and results obtained at the bedside of the sick. He also spoke of the great advances made in preventive medicines and sanitary science by late discoveries. The physician, amid all the cares and trials of his daily life, should find constant help in the thought that it was his privilege to be "the minister and interpreter of nature."

I cannot close this report without appealing for a more general fulfillment of duty on the part of those who may be appointed as delegates from our Society to the Societies of other States. Attendance at meetings of the different societies not only tends to strengthen the bonds of professional fellowship, but the inter-change of thought on such occasions may be, and frequently is of great value to the individual delegate or visitor.

Thanking you for the conferred distinction, and trusting that my visit will be reciprocated by visits of delegates from our sister Society this report is respectfully submitted. E. HASBROUCK.

The Secretary read the following as the report from the delegates to the Ohio Society:

FREDONIA, N. Y., MAY 14, 1884.

Jno. L. Moffat M.D.:—

DEAR SIR:—I yesterday wired the sister Society of Ohio, as follows: "New York to Ohio, sends greeting: May these Medical Societies vie with each other in fraternity of feeling, liberality of action and effectiveness of organization. The delegates from New York unavoidably detained at home will pray for the success of your present convention."

[Copy.] [signed] M. O. TERRY, A. S. COUCH } Delegates.

AND RECEIVED IN REPLY:

(As nearly as I can make out from the blundering message.)

"Greeting received: Accept ours in return. That the past prosperity of the New York Society may prove a harbinger of its future success is the earnest hope of the Society of Ohio."

[Signed] P. E. BEEBE.

[Copy.]

Very Sincerely Yours,

ASA S. COUCH.

To the Secy., State Society.

There were no reports from the delegates to Illinois, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, Pennsylvania, Rhode Island, Vermont, Wisconsin and Dental society.

Dr. H. M. Paine: I remember seeing a notice of the meeting of the

Dental Society and intended going there, but before I found time to go, the Society had adjourned.

Dr. E. W. Bryan: I am a delegate to Missouri. I didn't receive any notice of the time of the meeting.

Dr. A. C. Howland: I had some correspondence with the President of the Maine Society, and had I not been a cripple, I would have attended their meeting.

Dr. J. L. Moffat: Dr. E. L. Wyman of Factory Point, Vermont, a delegate from the Vermont Society is here this evening, and I move that the courtesies of the floor be extended to him. [Carried.]

Dr. E. L. Wyman, being called upon, spoke as follows:

Mr. President and Gentlemen of the New York State Society:—

I am very glad to represent such an able body of men as the Vermont State Homœopathic Medical Society. We are composed of about 90 members, so situated that our meetings are rather small, but they are very interesting. Each and every one of us has something to say and do at these meetings of which we have two in a year. The members isolated as they are, have very little to do with each other except during these meetings. They live so far apart that they cannot consult with each other and consequently their self confidence is developed. I meet here so many of my friends and acquaintances, that I really feel more at home than at the meetings of my own Society.

Dr. Peck, President of the Rhode Island Society, and Honorary member of this Society being called upon to make some remarks, spoke as follows:

Mr. President and Doctors: It is with most conflicting emotions that I appear before you. Pride and humility and gratitude struggle alike for the first expression. Most heartily do I return thanks for the inestimable privilege of being at home among you. It has been my fortune, more especially in military life, to occupy positions that in earlier years I looked upon with envy, but these came in due course as partial payments for services rendered. Membership in this august body is one of the few unsought and unexpected honors that fortune has at times bestowed; it is the choicest of them all. A loved and honored instructor, the distinguished physicist George F. Barker, once remarked "heed not the commendations of the populace, it is incapable of forming just judgment; the opinion in which you are held by your profession is the index of your success in life." Your compliment then, spontaneous and unconditioned must be regarded as my proudest trophy. Unconditioned compliment did I say? I retract! one condition implied if not expressed I plainly read in your act: It is this, perseverance in labor for the cause. Do I accept the condition? As my religion embodying my relations to the Grand Architect of the universe represents my first duty and will be defended from attack so long as a drop of blood shall course through these veins, (though as a Roger Williams Baptist I accord completest liberty to all), so homœopathy, embodying my special obligations to man, is recognized as my second duty and therefore may my right hand forget its cunning and may my tongue cleave to the roof of my mouth when by

voice and pen I cease to labor for its interests to the full extent of my strength and of my purse.

In scanning the list of your Honorary members I noted the names of two Rhode Islanders, one living the other dead, whose records teach important lessons. That suggested by the latter needs but to be mentioned on this soil and with such historic surroundings. On yonder field a Connecticut druggist boldly defied the Indian's arrow and the Hessian's bayonet, only to fall ignominously a victim to British blandishments in the secure retreats of that distant fortress. So near the scenes of Benedict Arnold's glory and shame it cannot be necessary to repeat the familiar adage "men love the treason but despise the traitor." For one having enlisted under the banner of *Similia Similibus Curantur—Curentur*, if you please— I propose waging relentless warfare until that principle is accepted as universally as that of gravitation and the name of Hahnemann is inscribed on the world's register of fame beside that of Harvey and above those of Jenner and Paré. Then and not until then doctors, will our mission be accomplished. Then, and not till then, will the homœopathic ram (thank heaven we are no longer defenseless lambs) rest peacefully with the allopathic lion, though oft erewhile, as in my own State, they shall quietly lie down together, alike respectful of the others power.

The lesson of the other member's life is patient continuance in well doing. While it is possible for few if any of us to increase the glory of homœopathy by adhesion to its tenets, it is possible for all of us to disgrace ourselves and discredit the cause by a failure to exemplify that steadfastness and devotion which is expected of men governed by principle. *Magna veritas et prevalebit!* Let us then each and all toil patiently on in full assurance of victory, sustained by that highest source of power, the consciousness of duty faithfully performed.

The State of Rhode Island has one medical society thirty-five years old, with a membership of forty, scarcely equal in size to the smallest county society connected with your organization. We hold our meetings quarterly, with an average attendance of 20 to 25. They are held in the evening and attended simply by physicians in Providence and the northern portion of the State. We certainly shall be pleased to see delegates of this Society there; I find none have visited us for the past eight or ten years. I give you all a cordial invitation to visit us in Providence, we have our meetings Friday evenings nearest the full moon in April, July, October and January.

I have the pleasure of being accompanied by my predecessor in the executive chair of the Society, Dr. Robert Hall, I also expected to be accompanied by Surgeon General John C. Budlong, but duties appertaining to the dedication of the Washington monument prevented him from coming. (Applause.)

Dr. Robert Hall spoke as follows: I take great pleasure in having the opportunity to meet you. It is my first appearance among you. It would give me great pleasure to extend to you the hand of professional fellowship in the Homœopathic Society of Rhode Island. I don't propose to make a speech. I thank you for your kind greeting.

MISCELLANEOUS BUSINESS.

Dr. J. L. Moffat: Last January I received a communication from Dr. J. F. Cooper, the Treasurer of the Pennsylvania Homœopathic State Society, transmitting a copy of their State Transactions to our Society. I forwarded it to our Treasurer, and I think he sent them a copy in return.

Dr. H. L. Waldo: It has not been sent yet.

Dr. Paine: We had a resolution last year that was a permanent by-law, allowing other societies to receive our Transactions in exchange.

Dr. J. L. Moffat: I would state that the Brooklyn library has our Transactions up to ten years back; I move that the Treasurer be authorized to complete their file of our Transactions and to send annually a copy of the Transactions to that library.

Dr. H. M. Paine: No special action is needed. I move that that rule be continued from year to year. [Carried.]

The following letters were presented and read from the ALLEGANY and CAYUGA COUNTY Societies.

FRIENDSHIP, Feb. 4, 1885.

A. P. Hollett, M.D:—

DEAR DOCTOR.

Yesterday we succeeded in accomplishing the organization of our County Society, and on such footing that I think it will live.

The old Society formed in August, 1883, was declared *dead*, not being properly formed and also by default.

A meeting was called by myself in Belmont yesterday, at the Court House, for the express purpose of clearing up the old Society matters and to start *anew*. The doctors, quite generally, very kindly responded, most of them came out, and others sent regrets with also co-operative expression.

We disbanded the old by mutual consent, by motion, and at once proceeded to re-organize and adopted a constitution, etc., and we feel very proud of our success.

Our officers are: President, J. P. Truman, Belmont; Vice-President, H. S. Whitney, Wellsville; Secretary and Treasurer, B. F. Williamson, Friendship; Censors: H. C. Coon, Alfred Center; H. F. Gillette, Cuba; W. K. Paul, Angelica; Delegate to State Homœopathic Society, B. F. Williamson. Charter members: H. C. Coon, Alfred Center; H. S. Whitney, Wellsville; J. P. Truman, Belmont; W. S. Todd, Sen., Angelica; W. K. Paul, Angelica; W. P. Cutler, Angelica; H. F. Gillette, Cuba; W. S. Todd, Jr., Belfast; B. F. Williamson, Friendship. Others who will probably join (Homœopathic): C. L. Gish, Wellsville; W. I. Wellman, Friendship; J. H. Chamberlain, Belfast; A. S. Jenks, Wellsville.

L. A. Simmons is practicing but not recognized by the profession on account of faulty credentials.

Our annual meeting is held in Belmont the second Tuesday in January

and the Society meets quarterly (second Tuesday) which meetings are passed around the county.

We voted to send our report to State Society, in subsequent years, befor the first of *February* instead of "January."

I regret very much that I am unable to attend the meeting with you at Albany, but I cannot; that your meeting may be of profit is our earnest wish.

You may count on us hereafter. Yours with respect,

B. F. WILLIAMSON.

49 EAST GENESEE STREET, AUBURN, N. Y.

December 1, 1884.

J. L. Moffat, M.D., Secretary N. Y. S. Hom. Med. Society.

DEAR SIR:—

Our Cayuga County Medical Society, after a dozen years' sleep, *a la* Rip Van Winkle, is waking up again. We have re-organized and are holding quarterly meetings with a fair attendance, and we desire recognition by, and representation in the State Society.

I write this by direction of our Society, to ascertain upon what terms we may become entitled to such representation. We are not in a financial condition to pay all back dues which have accumulated and would prefer to begin anew and be treated as a new Society desiring representation.

Please inform me soon if this can be permitted.

Respectfully yours,

F. E. MURPHEY, M.D.

Dr. A. P. Hollett: The committee to whom was referred the amendment of the by-laws, report in favor of amending 39 by adding:

Senior Members: Any permanent member, over sixty-five years of age may be elected a Senior Member of this society at any annual meeting, provided that at the time of said election he or she shall have been a permanent member for the previous twenty years, and is at the time of his or her election in good standing in the Society.

Privileges: Persons so elected shall be entitled to all the privileges of membership, and shall be exempt from taxation and dues. [Adopted.]

Supplementary report of the board of censors.

Dr. T. D. Spencer: The censors as a supplementary to report, recommend Dr. H. E. Fuller of Lansingburg as a permanent member of this Society.

On motion the report was accepted and Dr. Spencer was instructed to cast a ballot for Dr. Fuller as a member of this society.

Dr. H. L. Waldo: A year or two ago, Dr. B. F. Joslin requested that his resignation as a member of this Society be accepted. At the suggestion of Dr. Bacon the matter was laid on the table. Dr. Bacon writes me that on account of various circumstances, the resignation had better be accepted. I move that instead of accepting the resignation, his dues be

remitted, that his name be retained on the roll of permanent members, and that he be supplied with the transactions. (Carried.)

I have received a letter from Dr. C. M. Conant, formerly of Middletown, stating that on account of having moved to Orange, N. J., he wishes to withdraw from the Society, if the removal does not of itself sever the connection. Taking this as meant for a resignation, I replied that it was the custom for members to pay their dues before their resignation was accepted and proposed to him that he should do that, but haven't had a reply. Upon looking up the matter I find that Dr. Conant has never paid the Society any dues.

Dr. J. L. Moffat: Mr. President, in justice to those that pay their dues before resigning, I move that Dr. Conant's name be stricken from the roll. (Carried.)

Dr. T. D. Spencer: Mr. President, the Censors find that one of the applicants for permanent membership is a licentiate of a county society, and refer this matter to the Society as they do not wish to take the responsibility of rejecting a man on these grounds, and yet are not prepared to recommend his election.

Dr. J. L. Moffat: A precedent has been established: one year ago the same point came up, and the question being referred to the society it was voted not to elect the applicant for permanent membership, simply on the ground that he was not a graduate. A licentiate is eligible to become a delegate from a county society and by this action we do not deprive him of all intercourse with this Society, while we do just so much toward elevating the standard of our membership, and of the profession. We have the privilege of choosing our permanent members, and should do all in our power to make it an honor.

Dr. E. Hasbrouck: I think this matter is entirely in the hands of the Society. In order to settle the matter for all time, I move that no person be received as a permanent member of this Society, who is not a graduate of a medical college or a licentiate of a State Board of examiners. (Carried.)

BUREAU OF OTOLOGY.

Dr. Sterling: I have a very short report to make. Dr. Houghton, I supposed would be here and bring a paper of considerable interest which I know he has been working on.

The following papers were then read:

"The Relation of Deafness to Interstitial Keratitis," By Dr. Sayer Hasbrouck, of Providence, R. I.

"Two Recent Agents for the Treatment of Middle Ear Suppuration," By C. F. Sterling, M.D.

The Relation of Deafness to Interstitial Keratitis.

By Dr. SAYER HASBROUCK, M.D., of Providence, R. I.

Some two years ago, while House Surgeon of St. Marks Ophthalmic Hospital, Dublin, my attention was first called to this subject by noting

in the history of many cases of deafness, that its commencement was dated from trouble with the eyes at some previous time. As these cases all gave evidence of inherited syphilis I naturally drew the conclusion that the eye trouble had been what is known as Interstitial or Parenchymatous Keratitis and on examination of some of the more recent cases, I was easily able to find evidence of this trouble still remaining in the Cornea, and on carrying out an antisyphiletic treatment and the needed local care for the ears, many regained a fair amount of useful hearing. Pressing my investigation still farther I examined for some time all patients that attended the hospital clinic for Interstitial Keratitis and found about one half of these were suffering from deafness that had been totally overlooked in the more earnest solicitation of the friends for the eyes. Knowing full well the experience and careful observation of the surgeons in charge, I asked them if they had noted the fact of the co-existence of the two diseases. They said they had now and then. On speaking to various other specialists concerning the subject, I found they rarely seemed to realize its extent. On examining a few of our various authors upon the eye and ear, I failed to find any caution laid down to warn us that trouble might be expected during an attack of this kind; though all works upon the ear mention *inherited* syphilis as a grave cause in the etiology of its troubles.

As we all feel better able to cope with disease in its incipiency, I was prompted on account of the serious nature of these ear troubles to present the results of my observation to your notice though probably some of you have observed the same results. I will note briefly the histories of my first four cases as they illustrate as fully as any, the periods at which we may find ear complications. While I might give others, still this number will be sufficient to establish the necessity of being on the lookout through an attack of Interstitial Keratitis for this equally disastrous sequalue to another of the organs of special sense.

Freddy P. age 10.—For the past six months has been suffering from Interstitial Keratitis. The mother gives a distinct history of syphilis and the boy shows the characteristic Hutchinsonian teeth. Six weeks or a month ago mother noticed that he was getting quite deaf. The watch was only heard in contact. The membrane was drawn in and of a darkish blue color. On inflation I found his hearing slightly improved, continuing this in conjunction with his other treatment. Some two months later the cornea were fast clearing and his hearing distance greatly improved.

Ella S. age 12.—Has been suffering from Intersitial Keratitis for three months and during the past three weeks has been growing gradually deaf. At present her hearing distance is six inches to the watch. The membrane greatly drawn in and the upper half inflamed; the lower of a darkish blue color. Under inflation the hearing greatly improved while she remained under treatment.

Mary W. age 11.—During the past six weeks has had Interstitial Keratitis. Hears the watch at 15 inches. Membranes darkish blue and slightly drawn in. On inflation hearing was increased up to over thirty inches. The inflation was continued during the trouble with her eyes and no increase of the deafness was noted.

Willie C. age 5.—Eyes bad with Interstitial Keratitis for about two weeks, mother says that on the fifth day she had to shout to him to make herself heard, and judging from the key of her ordinary tone of voice he must have been very deaf. On account of his age I was unable to make any satisfactory tests or examinations, but it was quite evident that he was very deaf and as he never returned, his future entered the usual oblivion of too many hospital cases.

From this record of cases one can easily see that the deafness does not come on at any specified time but is liable to show itself at any period from the fifth day in the last case to the fifth month in the first. The third case leads us to believe that if properly cared for we may many times hold the disease under control. As to the nature of ear troubles in Inherited Syphilis there is a difference of opinion. Mr. Dolby in his work illustrated by a number of cases the tendency it has of affecting some of the more internal organs of hearing as the nerve itself. Herein he is simply carrying out the opinion expressed by Mr. Hutchinson in his work on Inherited Syphilis as he expressed the opinion that all the cases of aural disease occuring in the course of Inherited Syphilis which he inspected are "due either to diseases of the nerve itself, or to some change in non-accessible parts of the auditory apparatus. Dr. Roosa thinks Mr. Hutchinson has not attached enough importance to the throat symptoms in his cases, "and that he has been led to give diseases of the labyrinth an undue preponderance in aural affections resulting from syphilis." Though knowing from personal observation Mr. Hutchinson's usual accuracy in observation, still from my own experience I am inclined to agree with Dr. Roosa. As to the gravity of the disease we have in hand I can not illustrate it more forcibly than by quoting the words of our colleague, Mr. Cooper, in his last edition : " Amongst the many apparent causes of obstinate ear affections that influence the general system must be ranked hereditary syphilis. The deafness that accompanies it, is of the most obstinate description, so much so that a recent allapathic writer declares it all but incurable, when fairly established." It is not necessary for me to speak of treatment here as the history of the cause and the personal diagnosis of each case will dictate that clearly to each of you.

Two Recent Agents for the Treatment of Middle Ear Suppuration.

By C. F. STERLING, M.D.

In continuance of the paper presented at the meeting last September in Binghamton, perhaps a few words on some of the more recent methods of treatment of chronic suppuration of the middle ear may not be out of place.

It is a recognized fact that the first essential is cleanliness. This has been accomplished in various ways but up to within a few years the universal method has been by the syringe. There are certain kinds of suppuration where the syringe is still the readiest means of removing accumulations from the meatus and tympanic cavity, but in the great

majority of cases the so called "dry treatment" has superseded the use of the syringe This, as doubtless most are aware, consists in the removal of the pus by absorbent cotton, and afterwards liberally dusting the secreting surfaces with some form of powder, of which Boracic Acid is at the present time the most generally used.

There have been however within the past few months two agents introduced which may not be so generally known. These are the peroxide of Hydrogen and Eucalyptol. The peroxide of Hydrogen or Hydrogen Dioxide as it is called in the Chemistrys was first discovered in 1818 by Thenard who prepared it by the action of dilute Hydrochloric Acid on barium dioxide. Its common method of preparation is by decomposing pure barium dioxide with dilute Sulphuric Acid. The result of the process is a colorless transparent oily liquid having a specific gravity of 1.452. This does not solidify at—30°, possesses no smell, has an astringent bitter taste, and brought on to the skin produces a white blister which after a time produces great irritation. In this form it is a very unstable compound easily decomposing into Oxygen and water. A dilute aqueous solution is much more stable and it is this which we use in aural work. It is procurable at most chemists in a 12 per cent. solution which is the strength used. In this dilute form it produces no irritation, being without smell or caustic property. The use to which it is put, is the chemical cleansing of the ear by dissolving masses of inspissated pus which resist the cotton holder and frequently the syringe, especially when within the tympanic cavity. I believe its first use as a cleansing agent was by Landolt, in Paris, for the removal of the pseudo membrane forming upon the lids in croupous conjunctivitis. Applied to this with a camel's hair brush it dissolves the deposit upon the conjunctiva producing a thick lather.

Its use in purulent otitis media is as follows: With a dropping tube apply four or five drops in the discharging ear, the patient holding his head upon one side so that it does not run out. In a moment or two effervescence commences and the bubbling product commences to overflow the meatus, subsiding in a few minutes.

This repeated a few times cleanses the ear very perfectly of the discharge, after which I proceed to dry the ear thoroughly with the cotton holder and make application of whatever agent may be selected. Patient's are usually given a two dracthm vial to carry home with them, being instructed to put in a few drops one or more times a day. This, in connection with remedies both local and constitutional has been followed by very satisfactory results in many cases, particularly those having a foul putrid smell, such as are very frequently met with in a large city clinic. This is due to its powers as an antiseptic and disinfectant.

For this latter class of cases however, we have recently come into possession of an agent the value of which, from the experience I have so far had with it, I think will exceed that of any one article now at our disposal even outranking Boracic Acid in its disinfectant and deodorizing properties. This article is Eucalyptol, the essential oil of the leaves of the Eucalyptus Globulous. Preparations from this tree, of the same or similar names have been in the market for some time, but fall far short

of this in efficacy. It is too powerful to be used in its full strength, and is diluted with fluid cosmoline in the proportion of one drachm of Eucalyptol to the ounce of Cosmoline.

It has a pungent resinous odor, exceedingly diffusable, one or two drops being sufficient to impregnate a large room. It is not yet generally procurable, but I trust arrangements will soon be completed so that it can be readily obtained.

The manner of using it is as follows: After thoroughly cleansing and drying the ear with cotton, two or three drops of the Eucalyptol and vaseline, are either dropped in the ear, or a pellet of cotton moistened with it is placed within the meatus, and allowed to remain there for 24 hours, and then renewed. Sometimes I blow in the Boracic Acid first, then applying the Eucalyptol, and sometimes I use it without the Boracic Acid. In some cases after dipping the cotton pellet in the Eucalyptol, I cover it with the powdered Boracic Acid, and place within the ear. The results in many cases exceed any other method of treatment I have been able to adopt for suppurating ears, removing all odor, and very frequently causing the discharge to cease entirely in a short time.

In any method of treatment in which both constitutional and local measures are used, it is difficult to say whether the results obtained are due to one or the other of the means employed or if to both in what proportion to each. As a believer in homœopathy, I have no question in my own mind, that properly selected medicines have a great influence in controlling the suppurative process, but at the same time, I am compelled to admit, that medicine alone will fail in the great majority of cases of middle ear suppuration. That local measures alone fail, the history of otology sufficiently proves. In regard to the influence this agent may have, I can at present only say, that since I have commenced its use, the results have been much more satisfactory in the same class of cases than when Boracic Acid alone or any other agent was used in connection with the indicated remedy.

C. F. Sterling, M.D., Chairman, Bureau of Otology, N. Y., State Homœopathic Medical Society.

Feb. 10th, 1885.

BUREAU OF OBSTERICS.

"The Use of the Forceps," By J. M. Lee, M.D.

"Early Removal of Secundines after Abortion," By T. D. Spencer, M.D.

The Use of the Forceps.

By J. M. LEE, M.D., of Rochester.

There is a great diversity of opinion among able practitioners with regard to the use of these instruments. Some men of fifty or more years

of experience discountenance their use entirely; and believe that the obstetrical science would be better subserved were they abolished; they assert that they never have seen a case which demanded their use. Scarcely have they ceased speaking before others enthusiastically inform us that they have many times saved not only the life of the mother, but also that of the child by their timely application. Some of these seem to have a monomania for the forceps, and no doubt use them many times when it would be better to leave the labor to natural efforts; nevertheless, they hold a place in midwifery that cannot be filled by any other known means. Therefore, it does not seem best to me to adopt either extreme, but to occupy medium ground.

Different authors disagree as to the proper time for interference, some decide from the amount of time that has elapsed since the arrest of the head, others when the pulse is over one hundred, etc. The best time is the right time, and better be a little too early than too late. As Marsden words it: "We should carefully watch the condition of the patient as labor progresses, and hold ourselves ready to discharge our duty whenever her failing powers hang out the signal of distress." It is my practice to allow nature to do all that she can and do it well; but resort to the forceps before the life of the child is sacrificed, or the vital forces of the mother so far expended as to render her recovery doubtful. After having decided that it is best to operate, if there are no contra-indications to the use of chloroform, or serious objections urged by the patient or her friends, I deem it of great advantage to have the woman completely under the influence of the anæsthetic; especially in difficult and painful cases, such as the application of the forceps in the superior strait. The points to be gained are these. It renders the patient quiet and helps to overcome the rigidity of the parts; suspends to a marked degree reflex action, thus partially controling the contractions of the womb, and so far as dependent upon this cause, greatly facilitates the introduction of the blades.

Sometimes it is well to apply the forceps before giving chloroform, and press the handles together, so as to ascertain whether any of the maternal parts are included in the grasp of the instrument.

Whichever of these plans are adopted, I would give a teaspoonful of the Fl. ext., of Ergot, either before administering chloroform and after the forceps are applied, or else allow her to come out from under its effects sufficiently to swallow, then, after the Ergot is taken, resume the anæsthetic.

It is bad practice to attempt to introduce the forceps while the patient is in the second stage of anæsthesia, for in this stage she is not capable of controlling herself or of being controlled.

Suppose a case of protracted labor with the child in first position, and head slightly too large for the pelvis to transmit with safety; or where the head rests in the diagonal or transverse position. These are cases where science offers a prompt, safe, and with chloroform, painless remedy; but accoucheurs who never use the forceps must leave this state of affairs to nature. She may expel the child before her forces are entirely expended, but it is likely to perish from the protracted pressure of the womb;

while the mother is so exhausted, should she survive such a confinement, I would expect a long, tedious recovery. Owing to the continued pressure I would not be surprised to find entailed upon her troubles to which death itself is frequently preferred. Such as recto-vaginal, urethro-vaginal or vesico-vaginal fistula, etc.

Perhaps some would suggest giving the indicated remedy and waiting for its action; that nature with these aids would be able to accomplish her work. Yes, but how long would it be permissible to wait? Surely not long enough for the patient to die, or should she live to be left in any of the above conditions. On this point I would agree with Dr. Ludlam, that I am wholly skeptical "Concerning the alleged power of Puls. to correct a mal-presentation of the fœtus at any stage of gestation, or in labor at term." There is not a single case on record that any physician can point to, which clearly proves that Puls., or any other remedy, is possessed of any such wonderful power. Therefore it seems to me that the obstetrician who quietly looks on and allows a poor creature to suffer hour after hour, or day after day, perhaps to meet her death; without resorting to the means of relief recognized by the masses, has at least a great negligence to answer for; and such an one ought daily to thank his Heavenly Father if blood of innocent woman, who confided in his skill, is not left indelibly upon his hands.

All the consolation he can offer to the injured and unsuspecting friends is the statement: "Well, I did all that could be done for her." This may serve to buoy up his reputation with a credulous community, but it is in direct opposition to all authority. In all of these instances the forceps might have been used; effecting safe and prompt delivery.

In the transverse and oblique positions a fundamental principle is to restore the head to its proper relation to the pelvis, or in other words to assist nature in performing rotation. This, in some cases, may be accomplished with the *vectis*, or even the hand; then, nature may finish the labor unaided; but it is generally better to use the forceps and effect the desired change by turning the handles from right to left, or *vice versa* before any traction is made. If this is neglected you will be likely to sacrifice the child, and cruelly lacerate the mother. It would be about as sensible for one to attempt to pull a well developed head that had not properly made the movement of rotation through the pelvis, as it would to undertake to pull a bolt through the bur without rotating *it*. The physician who is not familiar with, or does not rocognize this movement in labor, will furnish many cases in which the abuse of the instrument is charged to its use. Ignorance of the plainest laws governing the use of the forceps is bad enough, but when one operates hastily simply to get to the next place in time, or away from surroundings which are not agreeable, we ought not to shield his contemptible recklessness, even though he be protected by a diploma. Bedford illustrates this point by reporting the following case, which shows some of the injuries that may be due to such inhuman practice. He writes: "But a short while since, at the request of one of those truly good women, a sister of mercy, I visited in a miserable hovel, a poor creature, who had been attended in her confinement by a medical man, who found it necessary to call to his side

two of his professional friends. The woman had been in labor only six hours when it was deemed necessary to resort to the forceps; she was delivered of a dead child with its right *os parietal* crushed, and the corresponding eye forced out of the socket! The unhappy mother had only been delivered four hours when I saw her; she was at the time vomiting, her face pale and haggard, with a pulse extremely rapid. I requested the physicians to be sent for, but they could not be found! On an examination, I detected a rupture of the neck of the uterus, and the poor creature was soon released from her sufferings; having expired just fourteen hours from the time her labor commenced. She had previously borne two children at full term; her parts were normal, and her mangled child presented the ordinary proportions; and yet, after a labor of six hours the instruments were deemed the sheet anchor of hope."

This case plainly shows that the doctors operated not only prematurely, but unskillfully, producing murderous results. But, because a fourth rate shoemaker was spoiled to make a heartless doctor, it is no reason that those who have a fair degree of knowledge and discretion should not use the forceps, any more than the use of the scalpel should be nullified, on account of bad surgery. For without them how are we to manage another abnormality, viz., moderately contracted pelvis? True we may sometimes successfully treat this by means of version. But should the head become arrested either in the superior or inferior strait what would we then do? The fœtus could not remain here long without becoming asphyxiated, and traction to a sufficient degree to deliver the head, manipulate as you may, would surely produce death in some cases. The only alternative is in the application of the forceps. If they had been applied instead of version, it would have insured a speedy and comparatively easy delivery for the woman, and safety to the child.

Or if called to a case of uterine inertia incapable of being roused by remedies or galvanism, what would be the best plan to pursue? It certainly would not be to goad the tired organ on by stimulating its contractions with Ergot. This might effect adversely both mother and child; for, while it increases the force of the contractions, they are very often partial, thus incarceration of the placenta may result. Also, the intensity of the uterine contractions may impede the utero-placental circulation so that if the child is not still born, it will probaby be in a cyanotic, semi-asphyxiated state. In this as in the other cases it seems that the forceps are the best means of delivery.

Again; there are certain conditions which demand immediate action, and there is often no time to lose even by administering chloroform; these are—profuse flooding, convulsions, prolapse of the funis, hernia, asphyxia, and rupture of the uterus. Some of these emergencies may be met by version, but when the os is dlilated, or dilatable it is imperative that we deliver at once—and in most cases the forceps are the best means.

I have now given the usual conditions calling for the use of the instruments; but every accoucheur meets with abnormalities peculiar to his own experience, and for the management of which the books contain no rules. I met such a case two years ago due to procidentia uteri.

Mrs. F. W., aged 35 years, mother of three children, had since the date of her first confinement, 1870, suffered from extreme procidentia. During some of this time she wore supports, but regarded the displacement as of little moment, and generally allowed the uterus to take its own course. Owing to constant exposure the mucous membrane of the cervix became toughened and bore the appearance of skin very closely. Finally she became pregnant and the womb remained in position. Nothing unusual developed during gestation, and Feb. 20th, 1883, I was called to attend her in confinement. On arriving at the house I was informed that the patient had been laboring about four hours, and that "everything had come out." The examination showed that the womb protruded four inches from the vulva. The head was in the inferior strait, and had partly completed the movement of extension. The vagina was rolled upon itself; this together with the uterus formed two extra thicknesses of tissue between the head and the pelvis. The cervix was enormously swollen; blue from congestion, and was large as a child's head, the os being partially dilated. Although the pains were regular and of good quality the labor did not advance. It was impossible to replace the parts, and nature had not power sufficient to relieve herself of the impaction. Dr. E. H. Hurd was called in consultation who assisted me in delivering with the forceps. The womb was replaced and both mother and child lived.

DISCUSSION.

Dr. C. D. Welch:—I feel that this is a fitting opportunity to say a kind word for a friend who I firmly believe has helped me in many instances. While yet a student I saw a printed statement from Mrs. M. B. Jackson, M.D., relative to the ante-partem use of Pulsatilla. I wrote to the lady upon that subject and have her letter now at home. In that connection she said to me that she had known of four thousand cases in which Pulsatilla had been administered and in not one of them had there been a malpresentation. From the time I commenced practice to the present day I have given Pulsatilla two weeks previous to the expected confinement one dose of the 200th every third day, with as much confience that no malpresentation would be present as when I have given Aconite to quiet a restless condition. I feel perfectly assured of the influence and use of Pulsatilla in this condition. That is my own experience, beyond that I cannot go, and I assert neither can any other practitioner. It fell to me during a practice of some years in a country town to be called in quite a number of cases, and I can say here that not once has the remedy failed me, and I think I would be derelict in my duty did I not say something for Pulsatilla 200th.

Dr. J. L. Moffat:—I would like to ask if we are to understand Dr. Welch to say that he has never had a mal-presentation?

Dr. Welch:—I have had one case of mal-presentation and it was a case in which I was not able to prescribe Pulsatilla before being called. Mrs.

Jackson says that this drug has a transverse action upon the uterus. I merely state my experience.

Dr. Waldo:—I would like to ask Dr. Welch what he means by mal-presentation?

Dr. Welch:—Any thing aside from a normal presentation.

Dr. J. L. Moffat:—I think we should be very careful in our claims, as to what our medicines do. We should criticise our own results closely, and should not by loose statements lay ourselves and our school open to adverse criticism. In my practice I have had in women of lax abdomen the head present upon the anterior brim, of the pelvis, this is the only mal-presentation that I have met, except in case of twins. I have at times given Pulsatilla ante-partem, but was not satisfied that it accomplished anything. The burden of proof rests upon the party that makes the claim.

Dr. H. M. Paine:—I think such a statement as Dr. Welch has made here to night is more injurious to our system of practice than anything that can be said or done by a homœopathic or allopathic physician. He has stated here that the two hundredth potency of a medicine has changed the position from an unnatural one to a natural one in many instances, for many years. There is nothing that is more unnatural, more unreasonable, more absurd, more rediculous, nothing that will bring homœopathy more into disrepute than just such statements! And we have allowed such statements to go on here year after year. We mustn't allow such statements to go before the public. There was Dr. Miller that lived in Washington County, reported at our meeting years ago cures of tumors that never occurred at all; and so these experiences, related here as simply experiences, go out as though they were homœopathy, and more than one half of our members know they are not. I move that such statement shall not be recorded as a transaction of this meeting as an instance of homœopathic action.

Dr. Welch:—I hold that if a homœopathic physician is anything, he is liberal. I believe it to be no part of homœopathy to be biggoted in sentiment and narrow and contracted in mind. If a homœopathic physician comes to me honestly and fairly and says that he used such and such drugs and such and such potency and cured such disease, I am bound to believe him. If a physician says to me that he has cured rheumatism by doses of Iodide of Potassium, I am bound to believe him. And if another comes to me and says that he, by administering sixteen different remedies in one glass of water and stirred up with the same spoon, has cured a person of some disease, I am obliged to believe him. What I have stated here I have not stated in any ridiculous sense as Dr. Paine has seen fit to remark. The paper read was upon administration of Pulsatilla, and as Pulsatilla had in my humble experience served me so good a turn, I thought I was in duty bound to state it here; and I believe I made that statement within the laws and usages of this society.

Dr. Waldo: I don't believe that we are obliged to believe every statement that we hear made. The doctor states that in a certain number of cases he has given a certain remedy and that he had not mal-presentation. It doesn't follow that the medicines had anything to do with it. A man

may carry on quite an obstetrical practice and have no mal-presentation, but I don't think a man could have 400 cases without getting a small percentage. The doctor ought to report his cases and whether they were full term or not, then we would be able to judge better in regard to the action of Pulsatilla.

I was very much interested in Dr. Lee's paper and I think that as physicians it is our duty to become expert in the use of the forceps. The students have been taught that forceps are dangerous instruments and are only to be used in emergencies. There is no danger at all in the use of forceps if they are used with skill and in proper time; they can't add anything to the danger of the mother or child. They don't cut. If applied properly, and simply assist the physician to produce traction, which otherwise he could not do. Those physicians who wait for hours before they apply the forceps are guilty of great delay.

Dr. Welch: I can't say at present how many cases of confinement I ever attended. My practice was in a town of about 2,000 inhabitants for six or eight years and I think I can fairly state that I had an average of from twelve to fifteen cases a year. I have given Pulsatilla in every case except one, and in all others the labor was natural, calm and easily accomplished.

Dr. Paine:—There is nothing to it, yet it goes out under the name of homœopathy; and that is why I want this society to put down such loose statements, they are not correct. It is time that this society took some action. I renew my motion that this will not go on record as a homœopathic proceeding. [Lost.]

Early Removal of Secundines after Abortion.

By THOMAS D. SPENCER, M.D., of Rochester, N. Y.

The last semi-decade has wrought and is still working a decided change in the sentiments of the medical profession, as they relate to the artificial removal of afterbirth and membranes subsequent to abortion. The overturning of old methods of treatment, and inauguration of new, has been so gradual, and of such recent date, as not to excite the attention they deserve. We find therefore that even our later text-books on obstetrics, do not enforce with sufficient emphasis, the necessity of *immediate* removal of secundines after the escape of the embryo. This seems the more incongruous from the fact that every physician recognizes how imperative it is that the third stage of labor at *term*, should be terminated. All authorities conceding that the placenta must be removed, manually if necessary, before the accoucheur may safely leave the bed-side of the mother.

These enlightened teachings are in painful contrast to those inculcated in sections devoted to abortus. The following extract is taken from Cazeaux's Theoretical and Practical Midwifery, sixth American edition; page 577. "A lady thirty-five years of age, whom I suspected to be pregnant, although she would not believe it, felt a discharge from the parts after a suspension of the menses for two months and a half, which she at first mistook for a return of her courses, but which after riding out in a carriage, was suddenly converted into a profuse flooding. Having

been summoned immediately, I found the os uteri, slightly dilated, and I forthwith employed various measures adapted to the arrest of the discharge, and among others the Ergot. The hemorrhage gradually diminished, and at ten o'clock P. M., (six hours subsequent to the invasion of the symptoms,) it had entirely ceased. During the first five days the patient did very well, but on the sixth I thought I detected a slight odor in the lochia, and at three o'clock in the afternoon a violent chill came on which lasted on hour. From this moment all the phenomena of absorption were manifested. I immediately administered forty grains of the Ergot, but without effect for nothing came away; and notwithstanding the enlightened efforts of Messrs. Chosmel and Moreau, who were several times called in consultation, this unfortunate lady died on the tenth day following the appearance of the first symptoms. At the post-mortem examination we found the uterine tissue softened, and its cavity filled by the putrefied and still adherent placenta, which we could not separate without tearing."

After reading such a history as this is it to be wondered at that I am ardent in urging reform? Here with symptoms of septicæmia present Cazeaux assisted by what he terms the enlightened efforts of his colleagues did nothing but give Ergot and wait. Can any reasonable person doubt that if the uterus had been dilated, and its decomposing contents removed, this unfortunate woman might have been saved? This is only a sample of the doctrines that have been promulgated by medical writers and teachers high in authority for years, but as has been intimated, this whole subject is being taken up and considered anew.

That this paper may convey its purport in a clear and comprehensive manner, let us briefly consider the phenomena of abortion:

Under the influence of uterine contractions, which compress the amnion in all directions, the membranes rupture at the point of least resistance, that is near the cervix, and the waters escape; shortly after the fœtus is expelled, along with a quantity of fluid and coagulated blood. The delicate umbilical cord is torn across, and very often the tiny fœtus is lost in the hemorrhagic debris. Should the pains continue with sufficient energy the secundines may be expelled, and all goes well; if, however the miscarriage occurs during the third or fourth month, it is altogether different, for the placenta will have contracted at this period numerous and very intimate adhesions with the womb, therefore the uterine contractions, while capable of rupturing the enveloping sac, are not energetic enough to throw off the adherent placenta.

Shortly after the expulsion of the fœtus, the uterus being partially evacuated, retracts, the cervix closes up, and the symptoms disappear for the time. The woman believing her troubles over, resumes her accustomed duties; unfortunately, this is but the commencement of her anxieties, for the afterbirth with its membranes, is still undelivered, and may be retained for days, weeks, and even months.

Doctor Advena reports a case in the Journal de Chrurgie Aug. 1843, where the placenta was not expelled until three months subsequent to the abortion.

Dr. Samuel Jepson of Wheeling, W. Va., in the American Journal of

Obstetrics cites two cases of retained placenta after abortion occurring in his practice, one of one hundred and fifteen, and the other of sixty-six days. During the last year there has come under my own observation five cases, in which the placenta had been retained, from twenty days to over three months. How long they might have remained in utero, in each respective case, but for my interference can only be a matter of conjecture.

When we consider the distress of mind that a woman must feel knowing a foreign body to be in her womb, which must sooner or later come away, the continuous sanguineous oozing liable to break forth at any moment into a dangerous flooding; the recorded cases of septicæmic poisoning, the sub-involution and inevitable dislocation of the uterus, entailing so much subsequent suffering, it would seem as if no arguments were required to enforce the necessity of prompt mechanical interference to remove what has already became noxious to the patient's economy; and yet there are among our old and honored practitioners, men, who still adhere to their favorite misnamed conservatism, allowing each and all of these dangers to come and go without interference except perhaps the indicated remedy. For my part, I never feel safe to leave my patients until I know the uterus to be completely emptied of its contents. Nægele and Osiander have related cases in which placentæ are supposed to have been absorbed; but the spontaneous absorption of a body so highly organized as the placenta would seem well nigh impossible. It is more probable they were lost in the midst of coagula.

Sometimes the afterbirth may never become detached, but by retaining organic connection with the uterine parieties, form what has been called a placental polypus, which like other polypi may induce metrorræhogia.

It was during the first three years of my practice, that I became convinced by some painful personal experience in which I nearly lost the lives of my patrons of the futility of waiting for the efforts of nature to throw off the secundines. It was the nmy custom to perform as a *derniere resort* what should have been done early as a matter of routine.

Since adopting the axiom, that "an ounce of prevention is worth a pound of cure" in my treatment of these cases, I have had no trouble.

The following is an extract from an able article by Paul F. Munde, the erudite editor of the American Journal of Obstetrics the February number for 1883.

"I wish to add my testimony in favor of the forcible (that is manual or instrumental) removal of the secundines immediately after the expulsion of the fœtus, in every case where the cervical canal is sufficiently patulous to permit the introduction of the finger, or of the large dull curette, or the placental forceps. Further, if there is hemorrhage or an offensive vaginal discharge, or if the temperature rises, or there is a chill, and the secundines are still retained, no matter how soon or how late after the expulsion of the fœtus, they should be at once removed, and, if necessary, the cervix dilated to facilitate the operation." To this he appends a table of fifty-seven cases in which he had removed the placenta by finger or curette with but one fatal result, from septicæmia, which was present at the time of operating and was therefore in no wise due to his procedure.

T. Johnson Alloway, of Montreal, in a paper entitled "The Immediate use of the Uterine Scoop or Curette, in the Treatment of Abortion," versus "Waiting or Expectant Plan," published in the same journal criticizes severely the "let alone" plan, as inculcated in many of the prominent text-books of the present day. He says "I am convinced to-day, that I would never have experienced an unsatisfactory case, had I not carried out faithfully these very doctrines, the wisdom of which I now so strongly question."

I would now submit for the consideration of this Society my method of treating these cases, and would earnestly bespeak the attention of those who after long years of practice have fonnd the "temporizing" plan, sufficient for themselves and patients.

I do not expect to convince these gentlemen of error, for the practice of a lifetime is not to be overturned by the arguments of another however well grounded; but perchance some may be induced to try the utility of mechanical measures in these perplexing cases. If so, I am convinced that none will thenceforth trust to anything less than armed expectancy.

As a rule the physician is not called until the fœtus has been expelled or if summoned in time, it will usually occur during his absence, and will be found on return to the bedside, in the vagina between the thighs, attached by a delicate cord extending upwards to be lost in the cervix, or too often it has mysteriously disappeared. The statements of friends or nurse, as to the escape of the placenta are not to be trusted, for they invariably mistake some coagulum for the fleshy mass in question, and will insist upon their supposition with a pertinacity worthy a better cause.

The first thing is to make a digital examination, for by no other means can we ascertain the exact condition requisite for an accurate diagnosis.

It scarcely seems possible but I have been assured that some practitioners treat abortions without instituting the most superficial physical investigations, trusting entirely to subjective symptoms, and the indicated remedy.

Should an early examination be made, say within a few hours, the neck will be found dilated, with a patulous os, into which the index and perhaps also the middle finger can be introduced. Now, if the woman be a multiparæ with lax abdominal paireties and prolapsed uterus, we may by conjoined manipulation making firm pressure from above force the organ under the symphysis, into the sacral excavation, when Lusk's method may be essayed. This consists in passing the finger up one side of the uterus, across the fundus, and down the opposite wall, scooping the placenta out into the vagina. To admit this manœuvre there must be a preternatural mobility of that organ. Under exceptional conditions where the parts were capacious, I have, by introducing my entire hand into the vagina, evacuated the uterine cavity with great facility. In these cases it is well to induce some anæsthesia, Chloroform being preferable, from its ease and rapidity of administration. It is sometimes difficult to find a point of attack in the placental circumference, but by patient effort, the finger may be insinuated where the adhesions are less intimate, and the afterbirth carefully separated from its attachments.

Though the finger with its cutting nail surface, forms an admirable dull curette, it can only be used in these exceptional cases. Abortions occurring in young married women, or corpulent subjects, with thick abdominal walls, must be treated by a different method. The uterus while occupying its normal position, cannot be sufficiently depressed, to permit the forefinger after traversing the length of the vagina to do more than enter the cervix.

Savage in his anatomy of the female pelvic organs says, that after dragging the uterus of a cadaver forcibly downwards by means of a vulsellum attached to the neck, until it seemed to threaten some danger to the opposing structures, found that even after cutting the important ligaments it still would not advance further than one and one-half inches The obstruction was due to the subperitoneal areolar tissue. It is just here that we find Mundè's placental curette of immense assistance. This is a modification of Thomas' instrument, and is made of copper wire, nickle plated of two sizes, one broad and round, the other oval in form. If the os be patulous, no preliminary measures are required, but should the cervix have retracted after the expulsion of the fœtus, it becomes necessary to dilate. This may be accomplished by means of tupelo-tents, which possess all the advantage of sponge, while presenting no animal matter for absorption. Tupelo dilators vary in size from a knitting needle to that of a finger. The patient should be placed directly across the bed, on a firm mattress, in the lithotomy position with the hips well forward, the knees may be supported by assistance, if the patient prove unmanageable. The instruments may be rendered aseptic by laying them in a shallow dish containing alcohol.

Now, with the examining finger ascertain the exact condition of the uterus, its position, mobility and size, at the same time searching thoughtfully for any evidence of previous inflammatory lesions, as peritontiis. Lubricate the speculum with carbolized oil, one to thirty, and with a seim-rotary movement introduce it into the vagina, on expanding its blades the cervix will be brought well into the field of observation. If artificial dilitation seems necessary, it is better to insert several small tents than one large one. For the recognition of this last point, we are indebted to Dr. Kidd, of Dublin, who says, (I quote his words from Thomas): "when the uterine tissues are relaxed by hemorrhage, a fine tent can be passed at once through the whole length of the cervix, and on to the fundus, and by a little care a number of fine tents can be packed alongside of one another in the canal, when a single large one, though not nearly of the size of the bundle so formed could not be passed at all. The first tent, introduced serves as a guide to the others, and when they absorb fluid and swell out they not only dilate the os internum, as much as the os externum, but also the cavity of the uterus itself."

The tents may be held in place by a number of pledgets, packed well against the cervix. They are made by soaking cotton wool in water, and tying a string tightly around each; every pledget should be covered with glycerine, which completely obviates the offensive odor which otherwise always arises. The patient may now be left for several hours, with no fear of hemorrhage, for the tents will prove a most effective tampon,

swelling by inbibation of moisture they adapt themselves most accurately to the neck so that it becomes impossible for blood to ooze round the obstruction.

At the next visit remove the tampon and tents, and place the patient again in position before a strong light, introduce the speculum, and with the left hand supporting and steadying the uterus from without, insinuate the curette within that organ, and gently scrape the placenta from its attachments. Haste must be avoided and if properly manipulated the instrument should induce little or no pain. It is well at times to stop a few moments to rest the patient. I have frequently worked for half an hour before feeling satisfied that all the little placental tufts had been pared away.

When this stage has been completed, and the endometrium seems smooth over its whole surface, wash away all debris with hot water. Should septicæmia be present, a few drops of Calvert's carbolic acid may be added, otherwise simple hot water at a temperature of about 125° will be sufficient. For the purpose of irrigation I use a Goodyear's hard rubber syringe, number three, with a ring handle and extra long pipe. After the cavity is thoroughly cleansed wrap the point of a uterine applicator with a twist of absorbent cotton; dip it into a simple tincture of iron, and mop out the organ. If the tissues be very flabby and post operative hemorrhage feared, inject a drachm or two of this iodine tincture carrying the long nozzle well up to the fundus. This irritant stimulates uterine contractions, and every drop of fine iodine is expelled, leaving a thin coat on the internal surface as though painted with a camel's hair brush. Saturate a pledget of cotton wool, with glycerine and place it against the os; the question properly arises is all this so devoid of danger that any practitioner may safely perform it, may we not induce some form of endo, or peri metritis? with a long train of pelvic inflammations? In answer I would unhesitatingly negative any fears of untoward after-effects, having never seen the slightest cause to deplore the method used. In every case, the rapid recovery and fervent gratitude of my patient, have rewarded all my efforts in her behalf. I may also state that in each and every case, the hemorrhage sometimes of long duration has ceased as by magic. After a miscarriage, neither the patient nor the attending physician as a rule appreciate the necessity of keeping up the usual precautions by maintaining the recumbent posture. The frequency with which abortion brings on chronic uterine desease should lead us to attach more importance to the subsequent after treatment than is customary.

The uterus has been emptied of its contents when unprepared for this function, and therefore without assistance, involution is apt to go on but imperfectly. Confine the patient to the bed the customary nine days or longer and place thin pledgets of cotton saturated with glycerine, against the cervex uteri daily; leave these in place for twenty-four hours to be followed by a vaginal douche of hot water. Later if the uterus seems prone to remain enlarged, a solution of one part of boro-glyceride, one of alum, and fourteen parts of pure glycerine may be used to saturate the cotton. While this simple local treatment is given, attention must be paid to the

general health; it goes without saying that in every case, the symptoms presented individually, must be carefully studied, and the homœopathic remedies given which cover their totality.

DISCUSSION.

Dr. A. R. Wright:—I would suggest another mode of treatment for consideration—rapid dilatation. I think Hanks gives a case in which he was called out of the city somewhat hurriedly and performed this method of dilatation and took away the placenta inside of twenty minutes with good results. It seems to me the rapid dilatation presents more advantages over the other, and so far as I have observed, it is no more dangerous.

BUREAU OF CLINICAL MEDICINE.

"*The Present Epidemic of Cholera," by H. M. Paine, M.D.
"*Leucocythæmia. Profound Anæmia," by H. M. Paine, M.D.

The Present Epidemic of Cholera.

By H. M. PAINE, M.D., Albany, N.Y.

It is intended to set forth in the following statements; (1st.) The origin, progress, modes of propagtion and prevention of epidemic cholera; also (2d). Copies of circulars issued by various State Boards of Health, showing the vigilence of public officials; the thoroughness of quarantine regulations; the means to be used for arresting its progress in case it should gain an enterance; also comprehensive summaries of the plans and systematic efforts for warding off the encroachments of this voracious destroyer of human life.

1. The Origin, Progress, Modes of Propagation and Prevention.

The Present Epidemic One of True Asiatic Cholera.—The place of its origin, the methods of its extension from place to place, and the rapid and extreme fatality of the present epidemic of cholera, characterize it as one of true Asiatic type.

The Advent of Cholera Into European Cities Always Awakens Universal Alarm.—The announcement, during the spring and summer months of each year, made almost with the regularity of the seasons, of the prevalence of cholera in its native habits, awakens little interest or anxiety on the part of European or English speaking nations, unless the disease manifests migratory tendencies. When this occurs, and its advent into localities beyond its usual limits, particularily when it follows its favorite westward line of extension into cities so near as to be within a few hours' ride of the large European centres, as has been the case in the present instance, its prevalence naturally awakens universal solicitude, and sets in motion, throughout the wide range of its possible visitation, in Europe and America, all the various sanitary measures which scientific research has found applicable.

---

* Read by title.

Its Advent Into This Country to be Expected.—It is well known that the disease always spreads along public lines of travel. As the number of persons coming to this country from Europe is very great, and is steadily increasing, it will be impossible to prevent cholera germs from being brought along; its presence, therefore, in the United States, during this or the next season, may be confidently expected.

Its Enormous Fatality.—In Asia, Africa and Europe, cholera has often attained the dimensions of an awful plague, carrying off its victims by tens and hundreds of thousands.

The epidemic which swept the world in the early part of the present century undoubtedly had its origin in India about 1817. It made its way in all directions from the Ganges, moving principally northward and westward.

In the year 1820 it destroyed in Bombay alone 120,000 persons.

In 1831 and 1832 upwards of one million of the inhabitants of Europe were swept away by this terrible scourge.

More than fifty thousand of the residents of Constantinople were carried off by this plague in 1865.

The extent of its fatality in China, Persia and other remote eastern countries will never be known, but the number must be very great.

The Period of Incubation.—The duration of the period of incubation has not yet been positively determined. It differs widely in different cases and conditions; sometimes lasting no longer than twenty-four hours, and in other cases extending over a period of twelve or fourteen days. The period of safety is not passed probably, until after the expiration of two weeks; it is therefore possible, but not probable, that a person exposed to cholera in London or Paris could reach New York before being attacked with the disease. More definite knowledge regarding the period of incubation is needed in order to effectually guard, by quarantine regulations, against the importation of the disease.

Quarantine.—It will not do to rest content with the proposition that quarantine is a safeguard against the introduction of the disease. Whether it is a safeguard or not depends largely upon the manner in which it is established and maintained. If conducted without regard to the observance of the plainest laws of health, new dangers are likely to be created by the very methods taken to insure safety.

The simple isolation of new comers, without regard to accommodations or numbers, is not the only requisite. The forcing of hundreds, and in some cases even thousands of travelers to remain from ten to fourteen days, in wretched, dirty, crowded quarters, deprived of proper food, water, exercise, and often of the means of personal cleanliness; these are not the best methods for retarding the progress of the disease.

In such a crowd of vexed, irritated, incommoded and generally suffering people with the power of resistance weakened by the depressing influence of fear, disease finds favorable conditions for developement; hence, in all probability, epidemics of cholera have been actually propagated through just such methods of enforcing quarantine.

The vexatious annoyances of a rigid Continental quarantine, have been dreaded by travelers more than actual exposure to the disease itself.

The following quotations set forth the inefficiency and improper management of quarantine regulations*.

"Two days before he (Dr. Ira Harris) reached Gibralter, a Spanish vessel had landed a hundred and fifty passengers coming from a port where one death from cholera had been reported. The English allowed the landing, and the passengers went across to neutral ground into Spanish city, and there they were subjected to quarantine; men women and children were confined in a mammoth ward of a building, called the Rotunda, for a period of five days, *without beds, seats, or any accommodations.* Meals were sold at five shillings each, English money, and passengers who could not purchase their food were provided with simply bread and coffee."

Quarantine, when efficiently and properly conducted, is desirable and necessary. It should be complete and thorough, and at the same time should be maintained upon well known hygienic principles; and should be made as tolerable and free from discomfort and hardship as possible.

Water the Most Frequent Medium of Transmission.—The ætiology, mode of development and transmission of contagious diseases are involved in obscurity; it is assumed however, that all have a germinal origin. Certain peculiarities, different in essential characteristics, inhere to each.

Some of these germinal diseases, like small-pox and scarlet fever, contaminate the air in the immediate vicinity of the patients; hence the germs of this class are conveyed from person to person through the agency of the respiratory organs; others are developed only by inoculation, as in vaccina; and others still, find in water a favorite nidus, of which the germs of typhoid fever and cholera are types.

Observation and numerous experiments show conclusively that the contagium of cholera are conveyed by means of water drank, more frequently than by any other method. It is assumed that the dejecta, teeming with the germs of disease, are thrown out upon the surface of the ground, or into drains or privies; thence pass under ground into springs, wells or running streams, the water of which, loaded with the germs, on being taken into the human system, becomes the principal scource of propagation.

Well Water Seldom Free from Germinal Impurities.—Water taken from wells, either in the country or in villages and cities, is, in nearly all cases wholly unfit for drinking purposes, on account of the presence therein of disease producing germs.

Surface water, taken from shallow wells, is seldom free from these sources of danger to health, deep wells however, are often equally objectionable.

The so-called artesian wells in the city of New York, recently examined with a view of determining their purity, were all found contaminated by the presence of germinal impurities. The water from one of these wells, in the lower part of this city, more than one thousand feet in depth, was so positively harmful, that the board of health issued an order forbidding its use for drinking or culinary purposes.†

*The Medical Annals, Albany, December 1884. p. 371.

†*Report by Dr. Cyrus Edson, to the Board of Health.*

In former epidemics of cholera, which have visited New York, the substitution of croton water for that taken from the public wells, has been repeatedly followed by diminished mortality.

The history of epidemics in many large cities shows conclusively, that water taken from wells often largely contributes to the propagation of the disease. In Calcutta, where formerly over three thousand deaths annually occurred, the disease has been in a great degree checked by the use of pure water.

How Drinking Water is Contaminated by Choleraic Discharges.—"It appears to be characteristic of cholera, not only of the disease in its developed and alarming form, but equally of the slightest diarrhœa which the epidemic can produce, that *all matters which the patient discharges from the stomach and bowels* are infective; that the patient's power of infecting other persons is represented almost or quite exclusively by those discharges; that they are comparatively non-infective at the moment they are discharged, but afterwards, while undergoing decomposition, that if they are cast away without previous disinfection, they impart their own infective quality to the excremental matters with which they mingle in filth-sodden earth, or in depositories and conduits of filth, and to the effluvia which those excremental matters evolve; that if the infective material, by leakage or soakage from drains or cess-pools or otherwise, gets access, even in the smallest quantities, directly or through porous soil, to wells or other sources of drinking water, it can infect, in the most dangerous manner, very large volumns of water; that the infective influence of the choleraic discharges attaches to whatever bedding, clothing and like things have been moistened with them, and renders these things if not disinfected, capable of spreading the disease."*

Evidence of Direct Effect of Poluted Drinking Water in the Propagation of Cholera.—Conclusive evidence showing the direct agency of contaminated water in propagating the disease, is furnished by Surgeon-General De Renzy, of India, who has led an experience with cholera in that country of more than twenty years.

He found that during a journey of sixteen or seventeen days, on river steamers, out of four or five hundred coolies, sixty or seventy died of cholera at nearly every trip of these vessels; while at the same time, the crews of the steamers, numbering sixty to seventy persons, and also the European passengers, were almost entirely exempt from the disease. The crews mingled freely among the coolies, and the latter were separated from other passengers only by a rope stretched across the deck, yet none but the coolies suffered. Notwithstanding better ventilation, cleanliness, and food, clothing, a supply of good water, and medical attendance, the disease continued unabated. Dr. De Renzy then determined to ascertain, if possible, by personal inspection, the causes of the unusual fatality. Previous to his investigations the mortality had been ascribed to various mysterious agencies beyond human control, such as climate, weather, malaria, homesickness, etc.

He observed that the coolies were very methodical and cleanly people, and that it was their custom every morning to bathe their whole person,

*Report of Board of Health, Troy, N. Y., July 1884.

if possible, at least their backs, and also to wash their mouths. He found that the water for bathing purposes was furnished in large tubs, and that the supply being limited, the water remaining in the tubs unchanged, became in time exceedingly foul, the same water being used over and over again by many persons, not only for purposes of cleanliness after evacuations of the bowels, but also for rinsing their mouths in their morning ablutions.

Dr. DeRenzy also found that the water furnished the passengers was comparatively pure, while that provided for the coolies was taken from filthy native tanks, one of which, in one instance, was used by fifteen hundred people for bathing purposes. As the natives invariably rinse their mouths in the water they bathe in, the result could not be other than highly favorable to the development of the disease. He even saw a woman wash her baby's clothing in a tub and immediately drink of the water.

The doctor also found that at the different stopping places along the route, the sources whence a supply of water was obtained for the use of the coolies, was almost invariably impure, sometimes nearly stagnant, and near which cholera dead were buried and afterward disinterred by wild animals. He saw vultures eating human remains, and dropping fragments of them into a stagnant pool in which coolies bathed and from which their drinking water was taken.

The necessary changes were at once ordered; an abundant supply of comparatively pure water was provided, and its distribution to the coolie emigrants so arranged on the steamers as to secure cleanliness without contamination in the manner described; after which the death rate from cholera fell to less than one per cent. and the random statements ascribing the excessive mortality to preternatural or mysterious agencies, diminished proportionately.

Its Prevention and Eradication.—Inasmuch as cholera has its origin in filth, careless personal habits and neglect of cleanliness, there is little doubt that appropriate universal sanitation would result in its effectual extermination.

As ignorance of hygienic laws and willful neglect of personal cleanliness will always exist, outbreaks of the plague must be expected to continue, at intervals, to worry and destroy our transatlantic neighbors and to menace the safety of the people of this country.

Sanitary science has advanced immensely of late, hence is able to measurably arrest the progress of almost any disease, the development of which is clearly traceable to a germinal origin. Having addressed itself to the task of meeting and overcoming this foe of humanity, the ravages of cholera have been frequently confined to comparatively narrow limits; at all events the resources of science, when intelligently applied, have been sufficiently decided to disarm the disease of many of its terrors.

With a strict enforcement of appropriate preventives; the consumption of suitable and wholesome food; regular habits of mind and body, cleanliness of the person and dwelling, the danger of attacks of cholera can be greatly diminished and in nearly all cases wholly avoided.

Disinfection.—One of the best means for preventing the extension of

the disease by destroying its germs, is that of fumigation. All wearing apparal; all merchandise, and all mailable matter, should be subjected to thorough fumigation. For purposes of fumigation and disinfection *Carbolic Acid* and *Crude Petroleum* have been found almost worthless. The fumes of burning *Sulphur* are usually sufficiently effective.

The most reliable and effective disinfectants and germicides are: a one or two per cent. solution of some of the *Salts of Copper*, or of the *Mercuric Chloride*, or a much stronger solution of *Sulphate of Iron* (*Copperas*). Bedding, clothing, utensils, dwellings and drains may be effectually disinfected by either of these substances if thoroughly applied.

Prophylaxis.—In addition to the use of the foregoing disinfectants, personal immunity from attacks of the disease may be secured by the administration of any of the Salts of Copper, or Corrosive Mercury, in doses not stronger than one thousandth of a grain, and probably a much smaller one, repeated once or twice daily.

Authentic testimony is also given to the prophylactic properties of powdered charcoal, administered in teaspoonful doses once daily.

Leucocythæmia, Profound Anæmia.

By H. M. PAINE, M.D., Albany, N. Y.

The following sketch furnishes an outline of the history and symptoms of a case of profound anæmia that recently came under my observation.

Symptoms.—The patient, a woman, thirty-seven years of age, of large frame, weighing about one hundred and fifty pounds, has the following history: married at seventeen years of age; child born the following year; child lived two months; patient has not been well since; has had no miscarriages and no other births.

The patient has been unable to attend to her own housework for about five years, although her general appearance, with exception of slight paleness, indicates good health; yet she is weak; can scarcely walk about the house; cannot sweep or sew; cannot ride in a carriage, and is a sufferer most of the time, from the following symptoms:

Nervous Prostration.—There seems to be an entire lack of nerve force; the action of the nervous system seems to be almost paralyzed.

Constant Feeling of Fatigue.—This is a prominent symptom; the patient is tired all the time; and feels tired first, even after slight exercise, in the lower part of the abdomen, below the umbilicus.

Feeling of Weight and Bearing Down.—The lower part of the abdomen, below the umbilicus, is also the seat of a sensation of bearing-down, while the patient is in an upright position, either standing or walking, although there is no prolapsus of the bladder or uterus, or any evidence of pelvic disorder. The patient has worn an external abdominal supporter several years, and would be unable, she alleges, to walk without it.

Numbness.—There is experienced, at times, in every part of the body, particularly in the arms and limbs, a transient feeling of numbness, sometimes in one part, then in another, and lasts from a few hours to several days.

Nine weeks prior to the date of my visit, the patient was siezed suddenly with a severe attack of numbness; the face was purple; the whole body was cold; there was headache, nausea and vomiting. She was supposed to be dying; she rallied however, and in a couple of days felt as well as usual. Since then she has had several milder attacks of the kind.

Chills; Fever.—The sensation of chilliness is of frequent occurrence, often lasting a whole day; sometimes obliged to go to bed in order to get warm and remain so. The chills begin in the feet and back. There are also at times, paroxysms of fever, but these are not of as long duration or as oppressive as the chills.

Headache.—Pain in the head is a constant symptom; it is located chiefly in the forehead, close down over the eyes, and is more severe on the right side than on the left.

Heart.—The pulse is rapid a greater part of the time; at the time of the examination it numbered 102 beats to the minute. The pulse is small and week, and the action of the heart feeble; at times, however, there is violent palpitation. During paroxysms of sudden prostration, the action of the heart is very slow.

Respiration.—There were frequent paroxysms of dyspnœa, during which the sensation of suffocation is exceedingly trying; at times cannot lie down for hours, occasionally a whole night. During these, the pulsations of the heart are slow. Sighing respiration is of frequent occurrence.

Sleep.—The sleep is usually sound and refreshing, except when disturbed by dyspnœa.

Kidneys; Urine.—While there is scarcely any pain usually described as "backache." there is a pain at the side of the back, left side mostly, over the region of the kidneys. The urine is scanty, less than one quart in twenty-four hours, and contains crystals of oxalate of lime.

Anasarca.—There is more or less pitting on pressure, in one part of the body or another, nearly all the time. There are no evidences of ascites.

Spleen.—There has been for several months past, a fixed pain over the region of the spleen.

Family History.—This patient's mother suffered from uterine disease when the patient herself was a child, and finally died from the effects of ovarian dropsy, for the relief of which she was tapped eleven times, over sixty pounds of fluid being removed at the first operation. The cyst was removed after death and weighed forty pounds. She had no other disease, and never manifested any evidences of scrofula in any form.

*Diagnosis of Profound Aanæmia**.—The symptoms and conditions which are usually observable in cases of profound anæmia are:

Profound Anæmia.
Retinal hemorrhages.
Patient well covered with fat.

*Differential Diagnosis by F. de H. Hall, edition of 1879, page 71.

Skin smooth and soft.
Face slightly swollen, and of a yellowish green color.
Extreme palor of the mucous membrane.
Great debility.
Tendency to fainting.
Dyspnœa.
Palpitation on exertion.
Buzzing in the ears.
Headache.
Subcutaneous œdema.
Blowing murmur over the heart and great vessels.
Venous hum in the neck.
Pulse soft and compressible.
Attacks of vomiting and diarrhœa.
Irregular elevation of temperature.
Transient paralysis.
Hemorrhages from mucous membranes—The causes are unknown.
It occurs more frequently in women than in men.
The majority of cases terminate fatally.

The Presence of White Corpuscles.—There is no doubt but that a condition of leucocythæmia exists in this case. A comparison of the foregoing list, with those furnished in the previous history of the case, shows that the patient is suffering from nearly all the more important symptoms of this obscure disease.

Specimens of blood drawn from the finger, shows the presence of seven or eight white corpuscles in nearly every field examined, a proportion far greater than in health.

Causes.—This patient has lived during her whole life on a high range of lime-stone hills. The wells in that locality are only twelve or fifteen feet in depth, and the water used is so hard that thick incrustations quickly form on the inner surface of all vessels in which it is boiled. It cannot be used for washing.

The cause of disease in many cases, are by no means uniform; they are varied and often obscure.

In this instance it was assumed, in the absence of any other known cause, that the use of water holding in solution a large amount of carbonate and sulphate of lime, might become at least a contributing source of the diseased condition.

Treatment.—The disuse of hard well water, and the substitution of rain water.

Nutritious diet, including one table-spoonful of brandy at dinner and supper.

The remedies prescribed were mainly *Mercurius cor.*, *Carbolic acid*, (dilute) *Hydrastis and Chloride of Iron.*

The case is still under treatment, with decided indications of improvement.

On motion adjourned.

SECOND DAY—WEDNESDAY.

BUREAU OF SURGERY.

"Narrowing of the Meatus Urinarius," by J. M. Lee, M.D.

"The Necessity of Removing the Axillary Glands and Fat, together with Carcinoma of the Breast," by H. I. Ostrum, M.D.

"A Criticism on the Present Surgical Treatment of Ingrowing Toe-Nail, with Suggestions, Showing a Painless and Speedy Method of Cure," by M. O. Terry, M.D.

Narrowing of the Meatus Urinarius.

By J. M. LEE, M.D., of Rochester.

I know of few deviations from the normal state or organs which are capable of producing such a train of diseases, and inducing as much suffering as the above. From this cause I have many times observed symptoms which in every respect, assimilated those of lumbago, sciatica, hypertrophy of the prostate and true organic stricture of the urethra. Among the diseases which I believe are *direct* results of this cause are, spasmodic stricture of any part of the urethra, spermatorrhœa, impotence, chronic inflammation and thickening of the bladder, with deposition of urinary crystallizations, formation of stone, especially phosphatic, dilatation of the ureters, changes in the kidneys, and gleet.

I would not think of managing any disease in this list, when clearly traceable to congenital or acquired narrowing of the meatus urinarius without first dividing the stricture to the size of the urethra behind it, for I do not believe that any treatment would prove successful without this simple operation; and when marked *pathological* changes are not present, the symptoms will disappear as if by magic, and that too—without medicine.

During the last two years I have treated twenty-three cases by division of the meatus urinarius for the relief of the following diseases and reflex symptoms, which skillful physicians in both schools had vainly attempted to relieve by the use of remedies. Time will not permit me to report all of them in detail, so I will give a mere summary of all but one.

I operated nine times to cure gleet which had been more or less intractable; some of these having deep strictures which were cured by electrolysis. Eight of the nine recovered promptly, and one was lost track of.

Five times for chronic cystitis, one of the patients being a female. Another suffered from anorexia, enfeebled digestion, lumbar, sacral, and perineal pains, reducing him to such an extent that he was incapacitated for business, and life rendered miserable.

Three times for the removal of symptoms assimulating lumbago so closely that physicians had diagnosed them as belonging to that disease.

Once for spasmodic closure of the urethra supra pubic and lumbar pains, frequent bloody urination and albuminuria.

Once for impotence, once for spermatorrhœa, and twice for symptoms which had been mistaken for those belonging to hypertrophy of the prostate.

I am well aware that much that I have said will seem incredible to those who have not tested the merits of the operation; when I first studied this subject I did not believe half that I read, and had it not been for the experience of men whose judgments I am obliged to respect, and whose field of observation is much broader than my own, I too might have been found among the incredulous.

Again, the relief afforded to my patients has been so prompt and complete that *now* no doubt exists in my mind as to the mischief that may be induced by a meatus, even slightly contracted.

Sir Henry Thompson says: I have given complete relief to distressing symptoms of very long continuance, the cause of which was not suspected, by dividing an external meatus, which nevertheless admitted a number 6 English catheter.

Dr. Otis, quoting M. Civiale, writes: "Independent of its local sensitiveness, the urethra possesses an other kind which may be termed sympathetic. When this sensitiveness is aggravated it may awaken sympathetic responses in every organ and function of the body. That which has struck me forcibly in dividing a meatus, only slightly contracted, is the sudden and complete change effected in the general condition of the patient. The constriction, which seemed hardly to impede the flow of urine, is no sooner divided than all morbid symptoms vanish; the urethral walls which were hard, rigid, and inelastic, immediately recover their normal condition; the bougie, which at first passed only with difficulty and pain, slips into the bladder with ease, and in five or six days the slight incision in the meatus heals perfectly, and the patient finds himself in a state so satisfactory, that it would be incredible, but for the fact that the instances are again and again repeated. An effect so prompt through means of which the significance is plain, shows that the slightest obstruction in the urethra is able to produce the gravest symptoms, local and general."

Another eminent French physician, Brown-Séguard, relates a case of similated cerebral ramollissement "occuring as a direct sequence of like irritation."

Dr. Otis, N. Y.,:—"Believes that the full significance of this locality as a source of reflex irritation along the genito-urinary tract has not been appreciated; and that many heretofore obscure difficulties and diseases of the genito-urinary organs may be distinctly traced to the locality of the meatus urinarius, as the source of their irritation and continuence."

He also relates a very remarkable case in which he and J. Marion Sims found much difficulty in diagnosing between cystitis, calculus, and prostatic disease. Finally, proceeding by exclusion, the disease was assigned to none of them, the real cause of the trouble being a narrowed meatus which produced misleading symptoms. The meatus which measured 20 f. was divided to 31 f., and two days following the operation the patient who had been passing water every half hour, now urinated every three hours, "and the pains in the testicles, the hypogastrium, the perineum and down the thighs, which had previously been his chief points

of suffering, had completely disappeared." Ten days later" the pus and blood in the urine had entirely subsided, and the patient remained well. The only treatment given was the daily passage of a 31 f. bulbous sound through the meatus."

Two years ago I found myself in a similar dilemma over the following case: March, 1883, F. E. B., veterinary surgeon, called at my office and said: " My brother, S. W. B., of Paterson, N. J., has been suffering from a difficulty of the bladder during the last year. The leading physicians there pronounce it vesical catarrh. He complains of burning in the bladder and frequent desire to urinate, with scalding before and during the act; also uneasiness and sense of weight about the pubes. Retention is common and as he expresses it, sometimes the water " shuts down " in the midst of voiding it, causing sharp spasmodic pain. Nights his sleep is often disturbed by agonizing attempts to micturate, which sometimes are without effect. His bladder has been sounded for stone with negative results. The treatment instituted has no effect. His general health is failing and he desires you to send him medicine.

I ordered the twenty-four hours urine sent to me so carefully packed in sawdust and ice, that it was impossible for changes to have taken place previous to its arrival. Color darker than normal; reaction alkaline; odor, ammoniacal; and deposit creamy and roapy. On shaking, the specimen became cloudy.

The microscope showed large deposits of pus and triple phosphates—the latter disappearing on the addition of a drop of acetic acid to the slide.

I knew that deposition of ammonio-magnesic phosphate in the urinary passages was always due to some local cause, and most often diseases which alone are curable by surgical means. Therefore, March 29th, I sent him a double flow gum-elastic catheter and syringe, with directions to inject the bladder three times a week with eight ounces of warm distilled water, containing two minims of strong nitric acid to the ounce. I prescribed canth. 4th C decimal three times a day.

I hoped, by means of the injection, to prevent the urea, while still in the bladder, from being converted into carbonate of ammonia, and stop the formation of triple phosphates.

This treatment will, in a short time, cure bad cases of catarrh of the bladder resulting from acute inflammation, *even* where some ulceration is present, and marked benefit is experienced from the first application. Yet after two weeks' patient trial of the above, he wrote me that he was somewhat relieved immediately after each injection, but the improvement was not sustained. Believing that something existed more serious than catarrh, with decomposition of mucus or urea, I requested him to leave his Eastern home and make his father, of Rochester a visit. He finally acceded, arriving here the forepart of October, 1883. The examination of the urine showed material progress of the disease, and the subjective symptoms were much intensified. The calls to urinate were more frequent, and the expulsion of the last few drops which were often bloody, was attended with pain which centered in the glans penis. The spasms of the bladder were severe, expelling the water in jets, and leaving sharp

cutting or burning pains which extended nearly to the next act of urinating. I suspected stone and attempted to pass a sound to clear up the diagnosis, but this failed owing to a congenital narrowing of the meatus urinarius.

The penis measured three and one-fourth inches in circumference. According to Dr. Otis the urethra should be 32 f, and his urethrameter showed this to be true, also that the meatus was contracted to 13 f. The day following, Dr. N. M. Collins placed the patient under the influence of ether, and I divided the meatus so that a 32 f. bulbous sound passed freely. The spasms of the urethra were at once relieved and the water passed in a full stream. He slept every night for a week without having to get up to make water but once, and then as he expressed it, "with so much comfort and ease." Still all the symptoms did not disappear. There was a sense of weight about the bladder with much pus in the urine, the last few drops of which remained bloody, and attended with pain which shot along the perineum and centred in the glans. When the urine was flowing in a full stream it would suddenly stop as though a foreign body fell across the orifice of the urethra. I passed a sound into the bladder which came in contact with a solid substance. Soon as the patient recognized the presence of stone he became so extremely depressed that I was unable to obtain his consent for an operation. He desired me to attempt removal by solvents, I endeavored to show him the utter inability of solvents to remove even a small stone provided it should be invested with one or more layers of oxalate of lime or other materials not *amenable* to solvents. That the "application of this treatment is confined within very narrow limits," and at best very uncertain, "that the cases in which benefit may be expected are precisely those which are promptly and successfully dealt with by means of lithotrity." Still he insisted upon my trying the experiment, which I did, and perceptible quantities of the stone were brought away by the treatment, but the action of the solvents was so slow that beyond ameliorating the sufferings of the patient, no good was accomplished. He now realized the fact that no other alternative remained to him but operative measures, and he readily consented to rapid lithotrity as practiced by Dr. Bigelow of Boston.

Nov. 10th, 1883, Dr. N. M. Collins again etherized the patient; Dr. H. M. Dayfoot and I made a careful examination with the lithotrite and found two calculi. The smaller was crushed and the fragments evacuated. Owing to the bad behaviour of the patient under the anæsthetic we thought it best not to protract the operation. No febrile reaction following the procedure. He complained of some burning pain when voiding urine, but said it was not much worse than when I sounded for stone. With this exception he expressed himself as feeling less pain than before the operation.

Nine days later Dr. C. R. Summer and N. M. Collins assisted me in the removal of the remaining concretion, which measured one and three-fourths inches in diameter. The two stones yielded about one ounce of dried fragments. Four days from the removal of the last offender the patient walked out, and on the sixth visited my office.

The urine was normal and nearly all the unpleasant symptoms had disappeared. Two weeks from the date of the last crushing he returned home and has remained perfectly well ever since.

The Necessity of Removing the Axillary Glands and Fat, Together with Carcinoma of the Breast.

By H. I. Ostrum, M. D., New York.

The relatively more exact pathology of the present day, which has its origin in a recognition of the constructive power of cells, and the absoulutely continuous genesis of cells, has added so much to the ætiology of disease, that in many instances, methods of treatment entirely different from those formerly advocated, have been adopted. This is especiallytrue of what may be called the tumor disease. Here a complete revolution has taken place. From a neoplasm being regarded as the out-growth of certain constitutional derangements, or the development of some force which has no nearer relation to the system, than that it develops and grows, we have come to regard a tumor as a proliferation of cells, whose ancestors must be looked upon as having borne their part in the healthy operations of the organism; as a disease that is primarily located within a definite and exact cell territory; a disease that has no other significance, than erratic cell proliferation and arrangement.

In a pre-eminent degree, this is true of epithilial neoplasms, of those superlatively malignant growths which we know as carcinomata. Judged by the standard of pathological histology, this particular phase of the neoplastic disease, represents an imperfect and spurious immitation of glandular tissue, that has its genesis in healthy glandular epithelium. There is no reason for believing that any peculiar conditions exist, prior to the initial changes in the gland cells, (which changes are those of hyper-nutrition and unlicensed multiplication, and may lead to the development of the most malignant growths,) and hence the hypothesis, that the general depression of vitality, the imperfect balancing between waste and repair, that marks what is called the "cancer" cachexy, follows upon the development of an infecting center, and is in proportion to the power of that center to infect or contaminate other parts of the organism. It will now be seen upon what ground the removal of carcinoma, as at present advocated, rests. For most assuredly the disease, being primarily a local cell deviation, can be cured, if while in this stage of development, that nodule is excised. There may be other nodules, situated in distant parts of the organism, ready to develop, upon a repetition of the conditions of nutrition that called into action the erratic cell proliferation of the primary nodule, and of course such are not affected by the removal of the latter; but the above premise of the local cellular origin being granted, the principle of treatment remains true, that, in its early stages, a carcinoma may be cured by its removal, and further, its removal at that time is possible. We have, however, to meet the well established clinical fact, that carcinomata have not always been cured by an operation, even though this was performed at the earliest recognizable stages of the neoplasm. We have therefore, either to abandon our theory of the local origin of carcinoma, which course is not open to us, or to discover a local cause, for the return of the neoplasm, after its removal. To find out this cause, or possibly causes, for they may be multiple, let us turn to the history of carcinoma.

As already remarked, carcinoma is a disease of glandular epithelium, or an imitation of gland tissue; it is therefore found that the neoplasm

spreads in the direction of the absorbents, and manifests itself by a repitition of the primary histo-genesis, in glandular tissue—the lymphatic glands. Whether this development of secondary nodules is brought about by wandering carcinomatous cells from the primary focus, which become arrested in the trabeculæ of lymphatic glands, and in their new situation repeat the cell deviations of their parents; or whether the cells exert a 'spermatic influence' upon the lymphatic epithelium, inducing in it changes that result in carcinomatous proliferation and arrangement, is difficult to determine, and does not alter the important fact, that secondary nodules are always situated in lymphatic glands, more or less remote from the primary tumor, but directly connected with it by means of lymphatic vessels.

It is probable, considering the function of the lymphatics, to remove waste products,—cells, that diseased cells pass into the lymphatic channels at a much earlier date than can be demonstrated; for the carcinomatous cell, in common with other pathological bodies, may remain inactive for a varying length of time, until excited to proliferate, by some influence acting from without the tumor. While in this dormant state, it is impossible to diagnose a lymphatic gland in which carcinomatous cells exist, but it may be assumed, in the case of mammary carcinomata, that after the erratic cell proliferaiion has become a pathological center, the lymphatics begin their depuratory functions to that particular nodule. It is therefore probable, that the mammary and axillary lymphatics, are early the seat of carcinomatous cells, that in a quiescent state, remain entangled in their trabeculæ. Hence it is evident, that if the lymphatic glands are not removed together with the mammary neoplasm, even though there is no evidence that they are involved in the morbid process, it is more than probable that these glands will become centers for a repetition of the primary disease. The clinical history of carcinoma of the breast, shows that this occurs with unfortunate frequency, the secondary disease in the majority of instances, having its seat in the axillary glands. I am also inclined to the belief, that when carcinoma of the breast returns at the seat of the original tumor, it has its starting point in the mammary, or pectoral, lymphatic glands.

But the epithelial cells of the lymphatic glands are not the only tissues by means of which carcinomata of the breast forms metastatic tumors; the adipose tissue is also concerned in this process, for it is found that carcinoma returns much more frequently in regions where there is an abundance of fat.

The method by which the extension of carcinoma, an epithelial neoplasm, is accomplished by means of connective tissue elements, is probably neither one of metamorphosisnor meta genisis, but has to do with the local irritation of the carcinoma cell, by which the fat cells are excited to proliferate, and assume, not the character of the epithelial cell, but an embryonal or mucoid type, thus rendering the outer zone or periphery of the neoplasm, rich in embryonal cells, which may assume further degenerative changes. The fat cell does not therefore become a carcinomatous or epithelial cell; such a change would be opposed to embryonic differention, but by degeneration serves to extend the disease area. The same is

true of connective tissue elements generally, they are excited to proliferation by the presence of the carcinomatous cell, and form the stroma of the neoplasm; but true in a pre-eminent degree of the fat cells, for here we have a body that is easily acted upon from without, a body that represents a phase in the destruction of all tissues; a tissue into which any tissue of the organism may pass.

We have now rapidly, and it is to be feared with a rapidity that is almost prejudicial to a clear presenting of the arguments, reviewed the principal reasons for the return of the carcinoma, while yet there is no constitutional involvement; *viz:* the presence of fat, and lymphatic glands. Upon these premises, the indications for treatment are clear and unmistakable, to remove with the known seat of the disease, those tissues in which the neoplastic histo-genesis, is probably already seated. If this is properly done, if all out-lying lymphatic glands, those beneath the pectoral and seratus magnus muscles. as well as those larger glands in the axilla, and the mammary and axillary fat are taken out; if the carcinoma is so removed that no part of the neoplasm is to be seen in the mass excised, we may reasonably hope to refute one of the opprobriums of surgery, that even the knife does not offer a cure for carcinoma.

The more extensive operation of removing the axillary glands and fat, does not measurably, complicate the simple operation upon the breast. By prolonging the thoracic incision, or by following the directions of Volkman, who opens the axilla by an incision on the border of the latissimus dorsi muscle, the axilla may be easily cleaned out. The principal precaution to be taken in removing the axillary glands and fat, is to avoid as much as possible, mutilation of the median nerve, or indeed any branch of the brachial plexus, that may pass into this space. A wound of the nerves in this situation will sometimes result in most painful neuralgia that is more difficult to endure than the pain of the tumor, and may aid to make the operation a failure, by inducing loss of strength, and finally a fatal issue through marasmus.

A Criticism on the Presnent Surgical Treatment of In-growing Toe Nail; Withn Suggestios Showing a Painless and Speedy Method of Cure.

BY M. O. TERRY, M. D., Utica N. Y.

In-growing Toe Nail.—Is described by Steven Smith, as follows: "It is a curving downward of the margin of the nail, and in general is found on the external border of the nail of the great toe; it is due to the pressure of tight boots or shoes, and especially when the nail is hypertrophied; the fold of the nail becomes inflamed, the skin ulcerates, red, spongy granulations appear, and the part becomes exquisitely tender; the ulcerative process may extend backward, and finally the matrix and the whole end of the toe may be involved in the inflammation."

There a few suggestions made by surgical authors, which if carried out would be of benefit to the patient afflicted with ingrowing toe-nail. As for a standard treatment which will not fail in these cases you will find none in the various modern works on surgery.

Dr. Stephen Smith recommends: "dossils of charpie, having parallel threads, of the length of the lateral fold of the nail, or rather larger; lay it on the nail parallel with the fold; by means of a flat probe push the mass down thread by thread, between the swollen inflamed fold and the border of the nail, so as to completely separate the skin and the nail; pad around the furrow of the nail with charpie; apply long strips of adhesive plaster one and a half lines wide around the toe, from above downwards as regards the inflamed fold; repeat this dressing daily if necessary. * *When the inflamation involves the whole fold and externity of the toe, extirpate the portion of the nail involved*, as follows: with sharp pointed scissors slit up the nail, then seize the offending portion, and with a slight twist remove it from the matrix. When the inflammation extends completely around the nail, the entire nail should be removed and the matrix excised."

The above extract from a standard work on surgery is one of many descriptions of the *same* operation for the treatment of ingrowing toe-nail which may be found in the most recent works on surgery. *It is barbaric.* That such an unscientific and unreasonable treatment may be *permanently* done away with, supplanted by a method of treatment *always* reliable I most sincerely wish in the interest of humanity—in fact I am so positive in regard to the unnecessary operative procedure generally recommended for ingrowing toe nail that a surgeon being familiar with the treatment herein suggested and unwilling to carry out these instructions, or a treatment equally simple and as painless I should consider such a surgeon a proper subject for severe criticism.

Dr. Helmuth states that Dr. J. O'Neal, in the medical record Vol. XII, p. 557, has recommended a treatment which has given excellent results. He says: "Dr. J. O'Neal proposes, speaking from personal experience, to first drop a few drops of *liquor potassæ* on the ulceration. This renders the nail more flexible and reduces the unhealthy granulations, although at first a good deal of pain is experienced by its application. Then gently raise the embedded nail and insert under it a piece of velvet cork. It is this substance, elastic and not absorbent which is said to constitute the superiority of the treatment. The various other suggestions in the surgical work of Dr. Helmuth involves the cutting and scraping of the nail, methods which are entirely unnecessary for the cure of the difficulty.

In a case of ingrowing toe-nail we have:—

1. A nail pushing into the soft tissues, caused by narrow boots or narrow shoes.

2. As a result, swelling, pain, granulations, ulceration and suppuration.

Now as in other cases it will be necessary when a cure is to be looked for to remove the cause—Therefore easy boots and shoes must be worn.

TREATMENT.

1. *The nail must never be cut at the side but allowed to grow straight upwards until the upper edge and side are beyond the soft tissues.*

*My emphasis.

2. Make a solution of liquor potassæ, one part to four of water. Saturate small pieces of absorbent cotton in the liquor potassæ solution and with a probe push the cotton under and over the edge of the nail, push it also under the inflamed and swollen tissues. Now with a camel's hair brush and a sufficient quantity of collodion paint the toe thoroughly over the cotton and swollen parts. Next with narrow strips of surgical isinglass plaster pull the superabundant tissue away from the nail. This can easily be done by attaching the plaster well over the swollen parts and then carrying it around the toe. This is all there is to the treatment. Renew the dressing every day or every other day, its repetition depending on the extent of injury and inflammation of the parts. Many cases will require only two or three dressings.

In concluding let me make it emphatic (1). That the cutting away of the nail at the side of the toe is inexcusable and barbaric surgery which should *never* be resorted to. (2). That the plan of treatment suggested is *simple*, *painless* and rapidly gives relief soon restoring the toe to its natural condition.

DISCUSSION.

Dr. T. L. Brown: Dr. Terry's paper on the ingrowing toe nail cure, suggested a case of a young married woman, who had been troubled with attacks of epilepsy, for years, and was cured by weekly cutting an ingrowing toe nail. The thought that her toe nail was the cause of her epilepsy, was suggested to me by the cure of a case of traumatic tetanus, caused by the constant application of a flax seed poultice to three of a boy's toes which had been recently injured by having their extremities cut off by a car wheel.

The boy was cured of the tetanus by simply removing the poultice and putting in its place sweet cream. The hulls of the flax seed were the irritating and only observable cause of the tetanus. In a few hours he was cured of the tetanus. Irritation of the nerves of the extremities has often been known to cause spasms.

The bureau was closed, and Dr. Dayfoot asked to have his bureau—Obstetrics, re-opened, as Dr. Lozier had not had an opportunity Tuesday evening to speak.

On motion the floor was given to Dr. Lozier for ten minutes, who spoke upon "Dress for Women." She directs her patients to dress with equal warmth, avoid ligatures and strings, and have the weight of the clothes come upon the shoulders—not on the hips.

ELECTION OF OFFICERS.

Drs. Milbank and Spencer were appointed tellers, and the following officers were duly elected:

President, Dr. M. O. Terry, of Utica.
First Vice-President, Dr. A. P. Hollett, of Havana.
Second Vice-President, Dr. N. B. Covert, of Geneva.
Third Vice-President, Dr. G. M. Dillow, of New York.
Secretary, Dr. John L. Moffat, of Brooklyn.
Treasurer, Dr. E. S. Coburn, of Troy.

NOMINATION OF CANDIDATES FOR REGENTS DEGREE:

Dr. A. R. Wright: The committee to present names of candidates for Regents degree, propose the names of Drs. H. S. Hutchins of Batavia, and Anna C. Howland, of Poughkeepsie.

Dr. J. L. Moffat: I would like to ask if the committee has any reason to offer why these honors should be conferred on these doctors?

Dr. A. R. Wright: The names have been proposed to the committee. They both have had a long service in the society, being very much interested in its work; that is the principal reason.

Dr. J. L. Moffatt: I do not want to appear in a position of personal opposition to the present candidates, but I do wish to protest against the habit of giving honors merely because we have an opportunity to award them. In making nominations for the Regents degree we say to the Regents, the highest authority in the State, such and such physicians are eminent homœopaths. I merely ask how are these candidates eminent? I do not consider that merely having lived long in the world is eminence; I do not think that belonging to this society for a number of years constitutes eminence. Being a good fellow is not eminence; or merely being a good physician in the community is not eminence in the profession. In making these nominations the question is "Why should we?" not "What objection is there?" The burden of proof lies with the application.

Dr. S. H. Talcott: I take it that the conferring of this degree is not a recognition of eminence, but a recognition of the fact that the nominee is a graduate of medicine, and that for many years he has been a good and faithful worker in the cause of medicine. I know the candidates of this year conform with the requirements of this degree. It is simply a recognition of several years of experience in the society.

The candidates being ballotted for, and neither having received the requisite two-thirds vote, the chair declared there was no nomination.

The report of committee to nominate Censors was next taken from the table. Dr. Spencer desired to nominate Dr. J. M. Lee in place of himself which was accepted, and the ticket as amended was declared elected.

CENSORS FOR 1885.

Northern District—Drs. W. T. Laird, D. E. Southwick and George Allen.

Southern District—Drs. F. E. Doughty, E. Hasbrouck and Henry C. Houghton.

Middle District—Drs. N. B. Covert, W. E. Milbank and E. B. Nash.

Western District—Drs. F. Park Lewis, A. R. Wright and J. M. Lee.

The following were unanimously elected

SENIOR MEMBERS.

Wm. Gulick, M.D. of Watkins, 1865, nominated by Dr. Hasbrouck.

R. C. Moffat, M.D., Brooklyn, 1863, nominated by Dr John L. Moffat.

The selection of place to hold the Semi-Annual meeting was taken up, and after much discussion, Grove Springs, Keuka Lake, Steuben County, was selected.

Dr. J. L. Moffat: Mr. President, I rise to a question of privilege. I have just received a letter from Dr. W. L. Woodbury, of Fulton, N. Y., complaining that he has suffered some injustice from this Society as appears in the *Transactions* of 1873 and '74.

On motion, the Secretary was instructed to write to Dr. Woodbury to appear before this Society in person and state his grievance.

BUREAU OF GYNAECOLOGY.

"Exercise and Rest in Diseases of Women," by T. L. Brown, M.D.
"Scirrhus of the Breast," by H. M. Paine, M.D.

Exercise and Rest in Diseasee of Women.

By T. L Brown, M.D.

Beyond a certain period in each individual, both exercise and rest produces that condition of the bodily organs we call disease.

Timely motion and rest have more to do with the health and diseases of women than common medical attention recognizes.

The history of organic and functional disease often makes plain to us the excess of exercise or rest as a cause of the observed disease. As a cause or a cure, each should be directed by the history of the case. The time and kind of exercise and rest which will cure one case, would increase the disease in others.

Women who have lived from their childhood in comparative ease and taken little bodily exercise, while using plenty of stimulating food and drinks, and having the usual amount of emotional excitement, are most subject to mental and nervous diseases.

Over-exertion of the brain and nerves without proper muscular exercise to balance the necessary physiological relations, gives us among the rich, a class of patients which bodily exercise would have kept healthy, and who now, if compelled to take timely exercise, would be cured of their nervous diseases. Among the poor, we have mostly an opposite class of functional diseases, caused by excessive and untimely exercise of the muscles, curable only by rest and better diet. Such excesses can be controlled by the physician, in most cases, if he will carefully point out to his patients, with reasonable persuasion the moderate change necessary in each case. All of which is merely regulating their daily exercise, rest, diet, cleanliness and temperature.

A sincere physician, if he will, can accomplish more in this way, than with remedies alone. We know that remedies will do what a strictly hygienic and sanitary life cannot, and that the reverse is just as true in all cases. No two conditions of the body have so much to do with both health and disease as motion and rest. Nutrition, secretion, excretion and thought, are normally controlled by the requisite motion and rest. Excess of either, produces morbid changes in every tissue of the body, according to the susceptibility of the individual. Persons who by daily muscular exertion, combined with pleasing mental activities, keeping near their capacity to

combined with pleasing mental activities, keeping near their capacity to endure, and with temperature, diet and sleep proportionate, will stand the fairest chance of living as long as necessity requires. As physicians, we have never given too much attention to the true medical uses of motion and rest, in the prevention and cure of diseases peculiar to women.

There is no reason why men should be stronger naturally in their muscles, and women weaker and more nervous, than we find the males and females among the ordinary animals. This diversity of condition noticed by comparing the human and animal, seems to be explained by the fact that women do not have as much outdoor air and muscular exercise, as the females among the animals.

Instead of the necessary outdoor exercise, they usually have as a substitute, tea, coffee and emotional excitement, which determines their excess of nervous diseases. By walking, and riding and more active exercise in the outdoor air, or in better ventilated rooms, and discarding medicinal stimulants of every kind, women have been cured of many diseases peculiar to their sex.

By change of climate and society, they have become healthy by thus being more in the open air and freed from emotional excitement and medicinal stimulants, long enough to completely change the structure of their bodily organs in form, function and endurance.

With the diseased, a gradual return to the true physiological standard should be the aim and instruction of the attending physician. Exercise and rest influence both sexes, in point of health and disease about alike. Physical culture must be such as the mental culture physologically requires to keep the individual healthy, in both bodily form and ideal motions.

Medical advice should be equal to each individual transgression. Remember there can be no normal substitute for exercise or rest. In fact the physician who persuades his patient to daily observe the sanitary laws of motion and rest, governing all parts of the body, will succeed in curing the most difficult cases, where the exclusive medicine-man will fail.

A healthy balance of the muscular and nervous systems lies nearest to a long and useful life. An active outdoor life helps most in keeping up the much needed balance in both sexes.

---

*Scirrhus of the Breast.

By H. M. PAINE, M.D., Albany, N. Y.

During the past eight or ten years, I have relied almost entirely on the use of *iodide* and *carbonate of lime* combined, in the treatment of scirrhus of the breast.

Several years ago, I read in a medical journal, an article in which the history of a case was given, the main features being that a woman, some-

*Read by title.

what advanced in years, found herself suffering from what was pronounced scirrhus. by two or three competent surgeons, whose only recommendations were, the speedy removal of the entire gland.

The patient declared a willingness to die rather than allow herself to be the subject of surgical interference. Not long thereafter, another woman recommended the daily use of a thimble-full of pulverized oyster-shell, the shell being first roasted until it became sufficiently brittle to admit of an easy reduction to a fine powder. This was persevered in for upwards of one year, the tumor meanwhile having broken out into an open sore; but at the end of a year, the sore, although not entirely healed, had lost all the characteristic features of a scirrhus ulcer, and, at the same time, the patient had become as white as chalk, and was extremely feeble.

Knowing that persons of a recognized strumous diathesis, are peculiarly liable to cancerous degenerations, and that *iodine* is its natural resolvent, I thought it wise to administer the two substances in combination; hence for several years have resorted to the use of the *iodide of lime*, in the treatment of all cases in which the presence of a tumor of the breast, with or without pain, constitutes a distinctive feature.

Having observed that the *iodide*, of the second decimal potency, undergoes change by exposure to air, acquiring hardness and dampness, and as the original ingredient involved the use of the *carbonate* only, I have of late combined the preparations, in order to make sure of obtaining all the curative qualities which the lime may possess.

I have tried the remedy in all cases of induration and enlargement of the breast, that have come under treatment.

I am not prepared, by any means, to assume that all were cases of scirrhus. It is an unquestioned fact however, that in a very large proportion of cases of real cancer, there is, particularly after the second stage has been reached, more or less change of the symmetry of the breast.

When, therefore, the breast is distorted in outline, drawn to one side, or in any way deformed in shape, the inference, in the presence of other corroborating symptoms, is almost positive of cancerous degeneration.

In a number, perhaps nearly all the cases, this feature was well-marked; in others, probably owing to the fact that the disease was still in its incipient stage, and had not progressed far enough to change the normal contour of the gland, the presence of a hardened mass, even if small in size, in which was felt, with variable severity, the usual characteristic, transient, piercing pains, was considered sufficiently threatening to warrant the persistent use of appropriate treatment.

In one instance, the diseased breast was nine or ten inches in diameter, of a uniform stony hardness, with the nipple entirely covered by the mass of indurated tissue, which projected outwardly far beyond, hiding it completely from view.

In this case, after the administration of the medicine, with a good degree of regularity upwards of one year, the diseased gland was considerably smaller than the well one, and the pain, which at first, had been very acute, and almost constant day and night, had long since ceased altogether. The pain in this case, was of unusual severity. The patient informed me, that while walking, a distance of perhaps twenty rods, she expe-

rienced the peculiar, pungent, burning, lancinating thrusts, eight times. Although repeatedly warned of the danger of neglecting the medicine, the patient frequently discontinued its use. The influence of the medicine was kept up at irregular intervals three or four years. The disease however, finally became general, and resulted in a fatal termination.

In my opinion, while the pain was controlled, and the progress of the disease retarded, an unfavorable result would have been far less likely, had treatment been instituted earlier, and persevered in with greater regularity; as it was however, life was unquestionably lengthened two or three years.

In another case, the part of the breast that was at first enlarged and tender, finally shriveled and lost all unnatural sensibility, and was left, to all appearances sound, in that distorted condition, and so remains, after an interval of seven years. The patient continued the use of the remedy about five years.

I have now four or five cases under treatment, all of which are apparently doing well, the favorable evidence being a decided diminuion of local discomfort in the organ, diminished size of the diseased portion of the gland, also improvement of the general health and strength of the patient, indicated by increase of weight and power of endurance.

I believe that in fifty per cent. of the cases of scirrhus, in which this treatment can be instituted early, the disease will be fully eradicated, and the extension to other organs effectually prevented. It is to be understood however, that my experience is limited to those cases, comparatively few in number, that have occurred in ordinary private practice.

There are many patients whose antipathy to surgical interference is so strong, that they will not subject themselves to its risks or advantages. To these, a plan of internal treatment, showing a fair proportion of cures, is always available, and is plainly worthy of trial.

BUREAU OF PÆDOLOGY.

The Value of Objective Symptoms in Infantile Diseases.

By C. E. CHASE, M.D., Utica, N. Y.

No class of diseases needs closer attention to external detail, than those occurring in infants and young children before reaching the age at which they become capable of expressing themselves clearly and intelligently in words. Even children who are apparently old enough to know better, will often locate an earache, for instance, in the mouth or stomach or some place equally remote from the seat of affiiction, so that it is only by close attention to the action and appearance of the child, the changes of his countenance, the position which he voluntarily assumes when lying, the motions of his limbs, his voice and breathing, etc., that any valuable hints can be obtained, helping to a correct diagnosis. It is frequently the case, again, that an inflammation of the lung, especially the upper part, is accompanied by delirium, and all the symptoms of congestion of

the brain, even convulsions, so that only a physical exploration of the lungs will solve the difficulty, and if one is off his guard, he will be easily misled into a false diagnosis and wrong treatment.

The countenance, most accessible to observation, should receive especial attention, as in marked cases of disease, its aspect will give valuable indications as to its location. It is pretty well established that the three principal regions of the face, are markedly altered by diseases involving certain organs, for instance, the protruding forehead and open fontanelles of hydrocephalus, the dilated pupils, sparkling eyes, hot head of acute cerebral inflammation, the rolling of the eyeballs, twitching of eyes and lids of impending convulsions.

So the widely dilating nostrils, the deep red flush of the cheeks, the rapid respiration, indicate pulmonary inflammation, while abdominal complaints leave their unmistakable impress upon the mouth and lower part of the face. Indeed, every disease if severe, leaves its traces somewhere upon the face or body, and the physician of experience and close observation, can, with care, ascertain for himself the organ, or organs, involved. and the remedies which adapt themselves thereto, without the intervention of mother or nurse, who are often absent, or incapable of giving the desired information.

But without going into an extended discussion of the subject at present, let it suffice to take a single illustration, and I have selected for that purpose infantile colic, a common affection, often an intractable one, and one, the relief of which, will win the lasting gratitude of suffering parents. It is also especially adapted to this purpose, as its treatment depends almost purely upon objective indications for its relief.

The condition may be divided into two forms, one a peculiarly nervous and spasmodic form, due probally to some constitutional defect derived from the parents, the other, and most common form, resulting from disturbance of the gastro-enteric mucus membrane, caused generally by improper feeding and food.

The symptoms are not at all obscure, and are readily referable to the abdominal region, with bloating of the abdomen, drawing up and throwing about of the limbs, great restlessness with crying or screaming from pain, varying in severity of course with the degree of affliction. The symptoms are characterized by more or less complete remissions, with exacerbations occuring irregularly, either at certain times of the day, or at periods corresponding more or less closely with the ingestion of food. In the treatment of this affection, the objective indications of the case are equally as valuable in differentiating between the remedies, as in making out the disease, for we know that remedies have their individuality, their characteristic personelle as it were, as well marked as the person crying out for relief. Take, for instance, what may be called the two great remedies for colic—Colocynth and Dioscorea—remedies more frequently indicated perhaps than any other two, we find that the colic of Colocynth is essentially a spasmodic one, roughly periodic, with intervals of entire relief, while the Dioscorea pain, while presenting exacerbations, is nevertheless more or less continuous, showing a deeper and more profound action upon the mucus membrane; Colocynth too, while powerful to subdue the pain

when present, often needs some other remedy to complete the cure, while Dioscorea is generally sufficient of itself to fulfill the contract. The peculiarity of the Colocynth colic is of course well known, presenting the peculiar cutting cramp, compelling the patient to bend double, and relieved by hard pressure.

The Dioscorea patient on the other hand is compelled to straighten himself out, with crying and moaning and great restlessness. This movement however, should not be confounded with a similar position which is often assumed by children afflicted with painful urination, and which will be noticed to occur during an attempt at micturition; this condition, however, will often be discovered by an examination of the external urinary organs for signs of irritation.

Lycopodium is another wellknown flatulent remedy, and will often close up the breach which Colocynth has failed to repair. The peculiarity of Lycopodium however, lies in its remarkable periodicity, choosing as its stamping time the period between the sunset and full establishment of the shades of evening, from four to eight P. M. That this is a genuine indication, was thoroughly impressed upon my mind by a case which occurred several years ago, of an infant which had suffered severely from flatulent colic for several days, constantly increasing in severity, and which several remedies refused absolutely to cure, though affording temporary relief. The aggravation was well marked, the paroxysms continuing with great severity from about 4 P. M., until nine or ten o'clock at night; a few doses of Lyc., pretty well elevated, controlled the case nicely in a day or two, and no trouble was experienced afterwards.

Jalapa is another remedy of value, especially in those obstinate cases, which perversely insist on holding their seance during the night, and in the daytime take their food like lambs, in peace and contentment. Nux Vom., Opium and Ratanlua are not to be over-looked, in cases accompanied with constipation, and are calculated to relieve many obstinate cases. The last remedy which I shall mention, but not by any means the least, is one of the so-called "tissue remedies," and one which I think will prove to be a valuable one, in these cases, and that is Magnesia Phosphorica. While my experience with it is not extended, it has proved itself very valuable as an aid, as it were, to the remedies apparently well indicated, but lacking the power to overcome the organic element involved.

BUREAU OF LARYNGOLOGY.

* "Recurring Papilloma of the Right Vocal Cord," by G. M. Dillow, M. D.

Recurring Papilloma of the Right Vocal Cord.

By G. M. DILLOW, M.D. New York.

In November, 1884, James F., a short, sturdy man of powerful physique and robust appearance, 31 years of age and driver of a coal cart by

*Read by title.

occupation, presented himself at the Throat Department of the New York Ophthalmic Hospital, complaining of dry tickling cough, a sensation of a foreign body in the larynx, the size of a small hickory nut, loss of voice, and, during the two previous days, of a moderately free "spitting" of bright red blood. He was immediately recognized as a patient who in the autumn of 1879, had been operated upon by Dr. Schley, a throat surgeon of the hospital, for removal of a papilloma, attached to the anterior third of the right vocal cord. The patient described his symptoms then as in all respects the same, except that he never before expectorated blood. He said further that his voice which for six months previous to removal of the growth by Dr. Schley, had been entirely lost, gradually returned during a six months' treatment at weekly intervals, but that it did not resume its former full tone until a subsequent period of another six months had elapsed. From the autumn of 1880 to the spring of 1884, his voice had remained intact. He then caught a severe cold. His vocal tones, at first veiled and rough, during the following summer gradually passed from hoarseness to a weak falsetto timbre, until by September they had lapsed into a completely aphonic whisper. During the three months between this and my taking charge of him, he had not spoken a loud note. The history thus far showed a first laryngeal tumor originally from six to nine months' growing, which had been entirely eradicated, as proved by no symptoms of recurrence for nearly five years, and pointed to the formation of a second growth, either upon the former site, or in the parts adjacent.

On examination anteriorly the nasal passages showed chronic catarrh of a minor grade. Posteriorly the naso-pharynx and pharynx, were seen to be similarly affected, and to the vault of the pharynx together with its posterior wall, moist coagula of blood were adherent. Upon removal of the clots, no seat of hemorrhage could be discovered in nose or pharynx. The larynx, beneath a thin coating of blood, revealed moderate hyperæmia, but otherwise, excepting the vocal cords, no disease. The tracheal mucous membrane, as far as the second or third ring, was also hyperæmic and covered with a film of fluid blood. The left true cord was thickened, red, and without erosion; the right cord, in its posterior half, was similar. The anterior half of the right cord was shut from view by a growth apparently the size of a bean, projecting upwards and inwards, preventing apposition of the cords on phonating, of the seedy look of a berry pale reddish, sessile, attached to the upper surface and edge of the anterior third of the ligamentous portion of the cord, and not appearing to emerge from the saculus laryngis, or the ventricle of Morgagni. The growth was also covered with blood which appeared to have its source from several bleeding points. Physical examination of the chest being entirely negative in results, the opinion was formed that the cause of hemorrhage lay entirely in the tumor. Dr. Schley, who formed the same opinion independently, and kindly committed the case to me, considered that the growth sprang from the same base and was of the same size and general appearance as when the first growth was seen by him five years previously.

The next day I proceeded to operate with Mackenzie's laryngeal lateral forceps. Before introducing the forceps, various parts of the larynx were

touched with the probe to test the sensibility of the parts, reflex spasm and coughing being provoked especially when the epiglottis and interarytenoid spacewere impinged upon. Although the lumen of the larynx was of average size for the adult male, the epiglottis upright, and instruments could be passed with care without touching the more sensitive parts, the fauces not being especially irritable, I concluded to experiment with the hydrochlorate of Cocaine. I accordingly applied a 4 per cent solution to the soft palate pharynx and larynx by means of a camel's hair brush at intervals of five minutes until fifteen minutes having passed, the epiglottis could be touched with impunity; but, by no amount of Cocaine, could the interary space be rendered insensitive, reflex spasm, contraction and cough, being as rapidly induced as before the application. Without difficulty, however, I succeeded in clearing the cord of the growth, by removing successive fragments without pain or hemorrhage, in the first sitting of an hour and a half. Considering the fact that the patient had not undergone intralaryngeal manipulation for five years, I was induced to attribute my unusual success to the local anaesthetic. The patient's voice immediately after operation became phonic, the tone being a mixed falsetto and bass, the so-called dipthonic of Türck. The patient was directed to present himself for repeated cauterization, which he did the following third day, when, after examination by Dr. Schley and myself, it was concluded that there was no more of the growth to be seized by the forceps, and that a few applications of solid nitrate of silver would complete the cure. The caustic was then accurately applied, and the necessity of further applications impressed upon him with the result frequent among outpatients, that is, he disappeared.

Five weeks later he reappeared, aphonic as before operation, the laryngoscope revealing recurrence of the growth to fully three-fourths its former size. Without further use of Cocaine, I found that instruments could be employed as easily as with it, the larynx being equally tolerant. The cord was again cleared in a sitting, and cauterized. Two days after, the tumor was found springing up like a mushroom. As the cord was cleared from day to day, each day found growths of the papillomatous tissue beneath the white eschar of the previous days cauterization. I concluded that scraping of the cord clean would not prevent recurrence, and then nipped out small bits of the elastic tissue of the vocal ligament, cauterized deeply, and finally succeeded in destroying the recurring tendency, in the cource of ten days. Since the removal of a slough of yellowish-white tissue, one-fourth of an inch long by one-tenth of an inch wide, whose elasticity reminded me of rubber, and which clung to the anterior insertion of the cord, there has been no disposition to recur. The vocal band has resumed its evev linear edge, its upper surface is entirely smooth, save where a groove, filling up normally and cicatrizing, remains on the site of the slough, and both cords are losing the reddish tint, and resuming the appearance found in health. The, voice while still somewhat of a falsetta, is regaining the manly pitch. It should be said that, at no time during the period of operation, did the larynx show any signs of inflammation, and there were no unpleasant sensations resulting except slight soreness, passing off on the morning following the evening of operation.

I have not reported the case as presenting unusuall difficulties in the way of operation. Although the growth was located in a position often very difficult to reach, and was so thoroughly incorporated with the substance of the cord, the intelligent command which the patient exercised over himself placed the manipulation of light and forceps within the most precise control. Given a cool patient, a tolerant pharynx, and favoring larynx, tumors situated in the superaglottic region can be readily reached. In one case, a woman, without previous training, I was able to evulse a tumor attached below the anterior commissure of the cords, at the first introduction of the forceps. In another case, on the other hand, I was compelled to train the patient for months before gagging and laryngeal spasm could be overcome and the growth seized. The hydrochlorate of Cocaine I do not consider as having contributed to success, not because it did not to some extent anæsthetize the larynx, but because my patient's larynx did not require anæsthetic. I have noted its use for the purpose of showing that, unless facility for operation and amount of pain induced have been first thoroughly ascertained, no correct conclusion as to the practical advantage of the drug in any individual case can be formed.

The case illustrates several important points with reference to laryngeal tumors. The *cause* of the growth, as is commonly the case, can be traced to the influence of occupation. Previous to the first growth, the patient had been subjected to a hot, moist atmosphere, from which he was in the habit of changing suddenly to the cold open air. Previous to the second growth, he was constantly breathing coal dust in all inclemences of weather. As he had never manifested any tendency to warty growths elsewhere, we are compelled to fall back on the assumption of Virchouw that the predisposition is local rather than constitutional, and that circumstances, inducing hyperæmia in a locally predisposed part, by increased blood supply develope local hyperplasia, or hypertrophy, of normal tissues which constitutes the histological features of all papillomata. The recurrence of the growth, after five years immunity, upon its former site, still further supports the theory of local predisposition.

The case further illustrates the rapidity with which these growths can form. The first grew in six to nine months—the second, in six months; and the third, as rapid recurrence, after removal, to the size of the largest pea, in the short space of five weeks.

The symptoms in some respects were unusual. The dry tickling cough, absence of pain and voice changes are common to tumors upon the vocal cords. It was interesting to note, during the different stages of treatment the transitions from aphonic, falsetto, mixed, or dipthonic and pure tones of his normal voice. At one stage he exemplified the dysphonia which Mackenzie considers characteristic of growth-cases, namely, whilst speaking in a hoarse tone he would suddenly become aphonic, and again, after a moment or two, recover his hoarse voice. I am not inclined, however, to consider this symptom as entirely characteristic as Mackenzie considers it, since, in addition to the nervo-muscular spasm of the tensors of the cords stated by him to be the only exception, I have observed the same phenomenon in a case of lary-geanl phthisis, where there were two small spots of ulceration, symmetrically placed upon the upper surface of the

middle of each cord, but not as yet involving the free edges. The absence of dyspnœa and laryngeal spasm, sometimes present, I attribute in this case to the size and extensive base of the growths and its solid character. It was of too firm a consistence to flap with the breath current and movement of the cords; and not large enough to oclude the glottis. In a case, seen at the same time, in which the tumor, appearing bluish purple like an angeioma, had exactly the same attachment but which was somewhat larger, flatter and more pointed, there was paroxysmal dyspnœa, arising from the changing position of the main body of the pendulous morbid growth.

The two unusual symptoms of the case were (1) the sensation of a foreign body in the larynx which Mackenzie says has occurred in seven cases out of 289 he has collected, and (2) the hæmophtysis which I do not find recorded as a sympton. There is of course a possibility that the hemorrhage proceeded from some other cause; but, considering that his lungs and heart were and are undoubtedly healthy, that the blood did not issue from the nose or pharynx that it was seen to issue from the vessels of the tumor, that it has not occurred since removal of the growth, and that with a hereditary history free from pulmonary disease and hemaphilia, he had never had epistaxis or other spontaneous hemorrhage. I consider that the cause of this unique symptom must be put down to the neoplasm. I should have stated more clearly that the amount of blood expectorated was such as is *commonly* seen in a moderate hæmorrhage from the lungs, about a half teacupful, the patient guessed.

REPORT OF COMMITTEE ON PRESIDEFT'S ADERESS.

Dr. H. M. Paine, Chairman, submitted a majooity report; and a minority report in the shape of certain amendments was offered by Dr. Moffat

The matter was considered by sections and after amending so as to read as follows, was adopted.

The committee appointed to consider the suggestions set forth in the President's inaugural address, respectfully present the following report:

1st. *Delegate membership from Homœopathic Corporate Institutions.* —The President states that thre are eighteen homœopathic institutions in this State, which appear in the roll of delegates without authority from our Constitution and By-Laws. The committee would therefore recommend that the paragraph of the ninth section of the By-Laws which now reads:

"Each homœopathic medical college in this State may elect one delegate to this Society."

Shall be changed, so as to read:

"Each homœopathic medical college, hospital, asylum, dispensary, board of medical examiners, or other corporate homœopathic institution or association, shall be entitled to single delegate representation in this Society "Upon paying the same dues as other delegates."

2. *Publication of Papers Presented to the Society.*—The President calls attention to the fact that papers presented to the Society are frequently given to the profession through medical journals or avenues other than the transactions of the Society.

Amendment 1st, adopted.

We remind the Society that, by §13 of the By-Laws all communication and papers become its property. We recommend greater conservatism in granting permission to print, and offer the following:

Resolved, That permission to the writet to publish an article submitted to this Society be voted only as a recognition of especial merit in the paper.

3. *Supplying members with copies of the Annual Volume of Transactions.*—The transactions, which, during the past year has been furnished to members who are not in arrears for dues without additional cost, shall be continued; a recommendation in which the committee concurs. If the income is inadequate to meet our annual expenditures, will it not be wiser to diminish the latter rather than increase the amount of annual dues?

4. *The Degination of Two Members of each Bureau to Open Discussion on Topics to be Assigned them by the Chairman.*—In accordance with the President's suggestion we recommend that, in order to state discussion, which is the life of a medical meeting, the chairman of each bureau shall select two members of this bureau or of the Society at large as leading disputants upon the subject announced by him for the meeting.

5. *Chairman of Bureaus, Responsible for theio Printed Reparts.*—A clause in the by-laws makes each chairman responsible for the correctness of the printed report of his bureau. Experience proves that this provision is inoperative, for the reason that it is not possible to furnish proof for correction, to the chairmen of the different bureaux while their reports are going through the press. The President calls attention to this fact, and suggests that this clause of the by-laws be expunged; in accordance with which the committee recommends the striking out of the last three lines of page 299, Transactions 1884, in §8, By-Laws, which read as follows:

"Papers and reports presented to this Society shall be referred to their respective bureaux to be prepared for publication. Each chief of a bureau shall be personally responsible for the printed report of his bureau."

6. *Time for Delivering the Annual Address.*—The President calls attention to the desirableness of changing the by-law which now requires the annual address to be delivered at the semi-annual meeting. He suggests that the time should not be arbitrarily fixed at either one meeting or the other. He would give the President liberty to deliver his address at either the annual or the semi-annual meeting as may suit his own convenience or wishes.

The committee would accordingly recommend that the portion of the first section of the by-laws which reads:

"Deliver an address at the semi-annual meeting, or procure a substitute."

Shall be changed so as to read:

"Deliver an address either at the annual or semi-annual meeting, or procure a substitute."

7. *The Appointment of a Librarian.*—The President calls attention to the necessity of giving attention, on the part of the Society, to the condition and preservation of the back volumes of transactions, the number of which is large, and is constantly increasing. He suggests, that in order that the work may be properly and thoroughly performed, the office of librarian should be created, and a proper person be appointed from year to year to take in charge and preserve the books, archives and other property of the Society.

These suggestions are pertinent and timely and should be fully carried out. The committee would therefore recommend the third article of the constitution which now reads:

"The officers of the society shall be a President, three Vice-Presidents, Secretary and Treasurer."

Shall be changed so as to read:

"The officers of the Society shall be a President, three Vice-Presidents, Secretary, Treasurer and Librarian."

Inasmuch as this recommendation involves a change of the constitution it will be required to lie over one year; the committee would therefore offer the following resolution:

Resolved, That for the present year the Treasurer be authorized to take measures for protecting the volumns of *Transactions* and other papers and material belonging to the Society, at an expense not to exceed twenty-five dollars.

Dr. Moffat: In order to make the by-laws consistent, and in view of the change made in § 9, I offer the following amendment to §10 after "Society is entitled," insert "and from each institution which sends a del egate." [Adopted.]

Dr. Paine: I felt yesterday that the action taken by the Society with regard to examining boards was not such as would to the greatest extent conduce to the furtherance of this object. The motion offered yesterday and adopted was "That the legislative committee be instructed to demand either one board with equal representation or three boards as embodied in Dr. Talcott's resolution." That seems to me leaving the matter a little poen; the committee is instructed to do either one thing or the other. What I would like very much is to have a definite policy adopted by the society, so that when members of the legislative committee go before the committee in the Assembly, they can say our society wishes us to do just one thing. It is almost impossible to manage the politicians when they want their own way, and they will always want the way that suits the largest number; if we get our legislation, we have to get it because the minority wishes it, and if we give them the least opportunity to exercise their judgment at all, it would go against us. I would like either that this question be reconsidered so that I can offer a resolution as a substitute, or to add this resolution to it:

WHEREAS, In the opinion of this society, public interests will be more effectually promoted by the continued maintenance of distinctly homœopathic organizations, state, county and local, be it

Resolved, That the committee on legislation of this society is hereby instructed to endeavor to secure the enactment of a law providing for the appointment of a state board of Homœopathic Medical Examiners.

On motion adopted.

Dr. H. M. Paine : I again offer the following:

Resolved, That there be established a department of dynamic medicine, the members of which shall be annually appointed in the same manner as those of other bureaux, to which shall be referred all reports of cases presented to the society, or gathered from other sources, alleged to have been cured by attenuations higher than the twelfth potency.

On motion, laid on the table.

Dr. J. L. Moffat offered the following:

Resolved, That the thanks of the Homœopathic Medical Society of the State of New York are hereby respectfully tendered to his Excellence Grover Cleveland, President elect of the United States for the use of his name (granted last December) as Vice-President for New York State in the recent Homœopathic Hospital Fair at Washington, D. C. Adopted and

Resolved, That the thanks of this Society are due and are hereby tendered to the Mayor and Common Council of Albany for the use of the Common Council Chamber in which to hold its thirty-fourth annual meeting. [Carried.]

On motion the Society adjourned.

Constitution and By-Laws of the Homœopathic Medical Society of the State of New York.

CONSTITUTION.

ARTICLE I.

Name and Object.—This association shall be known as the Homœopathic Medical Society of the State of New York, and its object shall be the advancement of medical science.

ARTICLE II.

Laws of the State Deemed a Part of the Constitution.—The laws of the State of New York, regulating the practice of medicine and surgery shall be deemed a part of this constitution.

ARTICLE III.

Officers.— When and How to be Elected.—The officers of this Society shall be a president, three vice-presidents, secretary and treasurer ; all of whom shall be elected by ballot at an annual meeting.

Election of Censors.—The society shall also, at an annual meeting, elect twelve censors, any three of whom shall constitute a quorum.

Majority Vote Necessary to a Choice and Term of Office.—At all elections of officers the votes of a majority of the members present shall be necessary to a choice; their term of office shall commence at the adjournment of the meeting at which they were elected, and shall continue for one year, or until the close of the annual meeting next succeeding the one at which they were elected, and until others are chosen in their places.

ARTICLE IV.

Duties of Officers.—The duties of the officers shall be such as are prescribed by the laws of the State, and in addition thereto, such as may be from time to time designated by the by-laws.

ARTICLE V.

How Constituted.—The Society shall be composed of delegates from each county homœopathic medical society and homœopathic medical college in this state, and such other members as may be designated in the by-laws.

ARTICLE VI.

Annual Meeting.—The annual meeting of the society shall be held in the city of Albany, commencing on the second Tuesday in February of each year.

ARTICLE VII.

Quorum.—At any meeting of the society seven members shall constitute a quorum.

ARTICLE VIII.

Seal.—The society may have a common seal, with a suitable device and inscription.

ARTICLE IX.

Amendments.—This constitution may be altered or amended by a two-thirds vote of the members present, provided that notice of such alteration or amendment shall have been given in writing at the previous annual meeting.

BY-LAWS.

SECTION 1.

Duties of the President.—The president shall preside at the meetings of the society, preserve order therein, put all questions, announce the decisions, appoint committees not otherwise ordered; receive and pay over to the treasurer the sum of ten dollars for each diploma granted by the society; direct the secretary to call extra meetings on the written request of any seven members explaining the reason for such action; deliver an address at the annual or semi-annual meeting, or procure a substitute, and perform such other duties pertaining to his office as may be required of him by the society.

SECTION 2.

Duties of the Vice-Presidents.—It shall be the duty of the vice-presidents, in the order of their election, to perform, in the absence of the president the duties of that officer.

SECTION 3.

Duties of the Secretary.—It shall be the duty of the secretary to provide a book in which he shall make an entry of all resolutions and proceedings which may be had from time to time, also the name of each and every member of said society, and the time of his admission; preserve all documents belonging to the society; divide the delegates into four classes in compliance with section nine of these by-laws; give notice of all meetings, and deliver to his successor in office all books and papers belonging to the society.

SECTION 4.

Correspondence.—It shall be the duty of the secretary to receive and lay before the society all communications addressed to it, and generally to conduct the correspondence of the society; notify bureaux and committees of their appointment; notify the secretaries of the respective county societies whenever there are vacancies in the list of delegates, and perform such other duties pertaining to his office as, by vote of the society, may devolve upon him.

SECTION 5.

Duties of the Treasurer.—The treasurer shall receive and be accountable for all monies belonging to the society, pay out, on the warrant of the president, such sums as may be agreed upon at the annual meeting, and report in writing at each annual meeting.

SECTION 6.

Duties of Censors.—It shall be the duty of the censors to examine carefully the credentials of all applicants for membership that may be referred to them, and determine whether the applicant has proper qualifications for permanent membership in the society, the votes of a majority of the members of the board of censors present at any annual or semi-annual meeting being a prerequisite to the election of a candidate.

SECTION 7.

Executive Board.—The president, vice-presidents, secretary and treasurer shall constitute the executive board, whose duty shall be to make arrangements for the meeting of the society, arrange the business of the sessions, attend to matters of business not otherwise specially provided for, and perform such other duties as may, by vote of the society, devolve upon it. This board shall also constitute the advisory committee of publication, to whom shall be referred all papers, the publication of which is deemed by the secretary and chiefs of bureaux of doubtful expediency.

SECTION 8.—BUREAUX AND COMMITTEES.

Materia Medica.—There shall be a bureau of materia medica and provings, which shall obtain facts relating to the materia medica, and institute and collect and arrange provings of the drugs. There shall be, in connection with this bureau, a department of pharmacy.

Clinical Medicine.—There shall be a bureau of clinical medicine, which shall collect facts relating to clinical medicine generally, and specially to any epidemic or endemic diseases which may exist in the State.

Obstetrics.—There shall be a bureau of obstetrics, which shall collect and report to the society facts and observations on subjects pertaining thereto.

Surgery.—There shall be a bureau of surgery, which shall report all improvements in surgery.

Mental and Nervous Diseases.—There shall be a bureau of mental and nervous diseases, which shall collect and report facts relating especially to such diseases.

Gyœncology.—There shall be a bureau of gynæcology, which shall report to the society all items of importance in that department of medical science.

Pædology.—There shall be a bureau of pædology, which shall report facts and deductions in treatment of diseases of children.

Ophthalmology.—There shall be a bureau of ophthalmology, which shall report all improvements in that branch of science.

Histology.—There shall be a bureau of histology, which shall report facts in histology.

Climatology.—There shall be a bureau of climatology, which shall report on the climate of different localities, and the influence of climate on health and disease.

Vital Statistics —There shall be a bureau of vital statistics, which shall report all items of comparative mortality and such other facts as pertain to the subject.

Medical Education.—There shall be a committee on medical education, which shall report all progress in the elevation of the standard of education.

Societies and Institutions.—There shall be a committee of societies and institutions, which shall keep a register of all homœopathic physicians in the State, prepare a list of societies and organizations, and collect statistics regarding the status and progress of homœopathy. There shall be in connection with this committee a department of necrology.

Appointment.—Each of these bureaux and committees shall consist of as many members as the president shall see fit to appoint—not less than three—who, with the exception of the chairman, shall be appointed annually by the president, with the advice of the other members of the executive board.

Chairmen of similar bureau in county societies shall be, *ex-officio*, corresponding members of these bureaux.

SECTION 9.—MEMBERSHIP.

Delegates from County Societies.—Each county homœopathic medical society in this State is entitled to elect as many delegates to this society as there are members of assembly to their respective counties.

Delegates from Institutions.—Each homœopathic medical college, hospital, asylum, dispensary, board of medical examiners, or other corporate homœopathic institution or association, shall be entitled to single delegate representation in this society, upon payment of the same dues as other delegates.

Classification of Delegates.—Delegates to this society shall be divided into four classes, one of which shall go out of office annually; and it is hereby made the duty of the secretary to so classify them as to keep the number as nearly equal as possible.

Permanent Members.—Any legally qualified physician may be elected a member of this society upon written recommendation of three permanent members. Nominations shall be received at an annual or semi-annual meeting, and being referred to the censors, shall come up at the following annual meeting. Those physicians recommended by the Board of Censors shall be balloted for, and all who receive a majority of the votes of those present shall be declared elected. When the application is presented the candidate shall sign the following statement: I request membership in the Homœopathic Medical Society of the State of New York, and I agree, if elected, to pay my annual dues to the society.

I hereby acknowledging that I believe in the law *Similia Similibus Curantur.*

Privileges.—Persons so elected shall be entitled to all the privileges of membership.

Honorary Members.—The society may elect honorary members, non-resident of this State, not to exceed six in number in any one year, the

names of such persons having been presented at least one year previous to their election. Before election reasons shall be stated to the society for conferring the honor.

Privileges.—Honorary members shall not be entitled to vote at the meetings of the society, or be subject to taxation.

Senior Members.—Any permanent member over sixty-five years of age may be elected a senior member of this society at any annual meeting provided that at the time of said election he or she shall have been a permanent member for the previous twenty years, and is at the time of his or her election in good standing in the society.

Privileges.—Persons so elected shall be entitled to all the privileges of membership, and shall be exempt from taxation and dues.

Regents Degree.—The society may annually recommend the names of four persons to the Regents of the University for the honorary degree of doctor of medicine, provided that the person so recommended shall possess good moral and professional standing, shall have attained the age of forty-five years, and shall have received the votes of not less than two-thirds of the members present at any annual meeting. The mode of nomination shall be as follows: Names shall be presented in open nomination, and be referred to a committee appointed for the purpose, which shall report after the election of officers; the number to be voted for at one ballot, shall not exceed four, and the names of those only who shall have received the votes of two-thirds of the members present shall be presented.

SECTION 10.

Dues.—The dues from each permanent member shall be five dollars for the first year, which shall include the certificate of membership, and three dollars for each subsequent year. From each county society there shall be due three dollars for each delegate to which the society is entitled, and from each institution which sends a delegate.

All dues shall be declared due, and payment of the same to the treasurer of the society required, within thirty days succeeding the annual meeting.

Any member in arrears shall not be entitled to the privileges of membership.

Any member five years in arrears shall be dropped from the roll and not be eligible for re-election until all arrearages are paid.

Each permanent member not in arrears for dues shall be furnished with one copy of the *Transactions* of the society without further cost, and each county society with as many copies as it pays "fees" for delegates.

SECTION 11.

Duties of Secretaries of County Societies.—The secretary of each county homœopathic medical society in this state is requested to furnish the secretary of this society, on or before the first day of January of each year, a report consisting of:—

1. A list of officers and members of his county society with their addresses in full.

2. Biographical notices of any who have died during the previous year.

3. The time of holding annual and regular meetings, together with a list of all medical committees and a complete copy of the proceedings of each meeting.

4. A copy of all reports of general interest, also copies of addresses and communications on subjects relating to medical science.

SECTION 12.

Nominations.—At each annual meeting the nomination of the officers of the society, chairmen of bureaux, delegates to other societies and honorary members shall be made openly, except when referred to a committee on nominations to be appointed for that purpose. With each nomination for honorary membership the reason for conferring the honor shall be stated to the society.

SECTION 13.

Communications; their publication.—Communications read before the society become its property to be deposited in its archives; but no paper shall be published as a part of the *Transactions* without the approval of a majority of the committee on publication, unless the same be ordered by a vote of the society.

SECTION 14.

Order of Business.—At the meetings of the society the following shall be the regular order of business:

First day. 1. Communication from the president.

2. Reading of the minutes of the last meeting.

3. Report of the committee on credentials.

4. Election of officers, chairmen of bureaux, delegates to other societies, permanent and honorary members previously nominated.

5. Report of the treasurer, and the auditing of his accounts.

No other business shall be considered by the society until the foregoing items are disposed of, when subjects of a miscellaneous character may be entered upon.

6. Report of medical committees.

7. Presentation of reports and communications on medical and surgical subjects.

SECTION 15.

Amendments.—These by-laws may be altered or amended at any regular meeting by the vote of two thirds of the members present.

RESOLUTIONS.

I.

Resolved, That such State Homœopathic Medical Societies as are now or may be hereafter established in other States, be respectfully invited to appoint annually, one or more delegates as representatives of their respective bodies, to attend the meetings of this society.—1853.

II.

Resolved, That this society considers it the duty of every member to present at least one written communication at each annual or semi-annual meeting, on some topic pertaining to the advancement of medical science. —1857.

III.

Resolved, That all communications to this society be made in writing. —1866.

IV.

Resolved, That delegates to other State Homœopathic Medical Societies are hereby requested to attend the meetings to which they are appointed, or procure substitutes, to present such communications as they may deem suitable or such as may be placed in their hands for that purpose by the officers of the society; and report in writing at the annual meeting of this society next after that at which they were elected.—1866.

V.

Resolved, That the semi-annual meetings shall be wholly devoted to the discussion of subjects of medical or surgical interest; and that no business transacted at these meetings shall be binding upon the state society until reviewed and adopted at a succeeding annual meeting.—1869.

VI.

Resolved, That the time of holding these meetings shall be on the second Tuesday of September.—1869.

VII.

Resolved, That it is the sense of the members of the New York State Homœopathic Medical Society, at its annual and semi-annual session to decline to receive organized hospitalities from the physicians in the localities where the society may convene.—1874.

VIII.

WHEREAS, It seems eminently fitting and proper that a statue of Samuel Hahnemann should adorn the building or grounds for the State Homœopathic Asylum for the Insane at Middletown, N. Y., the first

insane asylum in the world to adopt the mode of practice which he promulgated.

Resolved, That a committee of five be appointed to solicit subscriptions for this purpose from every known member of our profession, and that all sums received for said statue be duly acknowledged to the donors.—1874.

IX.

Resolved, That the committee of publication be and are hereby instructed to omit from the published *Transactions* of this society any article or articles that have been published in any other journal.—1875.

X.

Resolved, That the Regents degree of the University of New York be conferred only upon gentlemen of eminence in the profession.—1876.

XI.

Resolved, That the names of permanent members who, without having been relieved of their liabilities by action of this society, shall have failed for two consecutive years to pay their dues, shall be published as such in the transactions of each year.—1876.

XII.

Resolved, When the dues of delegates representing any county society shall not have been paid for the period of one year, this society will decline to receive delegates from that county society * * until the dues shall have been paid.—1876.

XIII.

Voted, That the resignation of Dr. A. S. Ball, of New York, be not accepted, but that his previous and subsequent dues be remitted.—1881.

XIV.

Voted, That the resignation of Dr. P. H. Hulst be not accepted; that his past and future dues, until such time as he is able to pay them, be remitted.—1881.

XV.

Voted, That the resignation of Dr. C. J. Farley be not accepted, that his past and future dues, until such time as he is able to pay them, be remitted.—1881.

XVI.

Voted, That the treasurer, in case of application for full sets of our *Transactions*, be authorized to sell them at the best terms he can make. —1882.

XVII

Voted, That the treasurer be instructed to send our *Transactions* every year to the Astor Library, New York.—1882.

XVIII.

Resolved, That the secretary and treasurer be authorized to furnish, in exchange, copies of the *Transactions* of this society to officers of other societies.—1883.

XIX.

Voted, That the dues of Dr. D. H. Bullard, of Glen's Falls be remitted, and that his name be retained on the list of permanent members. —1883.

XX.

Voted. That the treasurer be authorized to print §10 of the by-laws upon the secretary's bill heads.—1883.

XXI.

Resolved, That the use of extremes of potency be not considered in any way distinguishing the practitioner as homœopathic or non-homœopathic.—1883.

XXII.

Voted, That the back dues of the Columbia county society previous to 1882 be remitted.—1884.

XXIII.

Voted, That the dues of Dr. T. T. Calkins be remitted, that his membership be continued, and that he be supplied annually with the *Transactions* of this society.—1884.

XXIV.

Voted, That delegates to other societies be appointed by the president-elect.—1884.

XXV.

Voted, That the back dues of all societies be remitted, but that the dues of the society remain the same.—1884.

XXVI.

Voted, That the secretary and treasurer be authorized to supply such back numbers of our transactions as they can to the New York society for medico-scientific investigation.—1884.

XXVII.

Voted That Dr. F. L. Vincent, of Troy, be re-instated as a permanent member.—1885.

XXVIII.

Voted, That the treasurer be instructed to supply Dr. L. A. Clark, of Cambridge, with a set of *Transactions*—so far as he can.—1885.

XXIX.

Voted, That the treasurer be instructed to complete the file of our transactions in the Brooklyn library, and to supply the same annually.—1885.

XXX

Voted, That instead of accepting the resignation of Dr. B. F. Joslin, his dues be remitted, that his name be retained on the roll of permanent members, and that he be supplied with the *Transactions*.—1885.

XXXI.

Resoved, That no person be received as a permanent member of this society who is not a graduate of a medical college, or a licentiate of a State board of examiners.—1885.

XXXII

Members are reminded that by § 13 of the by-laws, all communications and papers become the property of the society; therefore greater conservatism in granting permission to print is recommended, and

Resolved, That permission for the writer to publish an article submitted to this society be voted only as a recognition of special merit in the paper.—1885.

XXXIII.

Resolved, That the chairman of each bureau shall select two leading disputants upon the subject of the bureau announced by him for each meeting.—1885.

XXXIV.

Resolved, That for the present year the treasurer be authorized to take measures for protecting the volumes of *Transactions* and other papers and material belonging to the society, at an expense not to exceed twenty-five dollars.—1885.

IN MEMORIAM.

DECEASED PERMANENT MEMBERS.

Year of Election.	Name.	Age.	Date of Death.	Residence.
1865	P. W. Gray,	59,	Dec. 18, 1865,	Elmira
1866	W. G. Wolcott,	50,	Sep. 7, 1866,	Whitehall
1865	E. A. Potter,	61,	July 29, 1867,	Oswego
1868	M. M. Matthews,	58,	Nov. 23, 1867,	Rochester
1869	A. Cooke Hull,	50,	July 3, 1868,	Brooklyn
1863	H. S. Benedict,	46,	Oct. 18, 1869,	Corning
1867	Edgar B. Cole,	45,	Nov. 10, 1871,	Waterford
1871	Alvin Shattuck,	52,	Aug. 13, 1872,	Buffalo
1866	John Sarles,		Nov. 7, 1873,	Brooklyn
1866	Albert Wright,	70,	Dec. 1874,	Brooklyn
1869	E. P. K. Smith,	57,	Dec. 27, 1874,	Auburn
1870	Henry E. Morrill,	61,	March 6, 1874,	Brooklyn
1872	Nathan Spencer,	65,	Dec. 17, 1874,	W. Winfield
1866	Benjamin F. Bowers,	79,	Feb. 1875,	New York
1872	Wm. Baxter, A. M.,	70,	July 3, 1875,	Wappinger's Falls
1872	James Cromwell,	64,	Dec. 7, 1875,	Lake George
1864	S. B. Barlow,	78,	Feb. 27, 1876,	New York
1866	Lyman Clary,	74,	June 1, 1876,	Syracuse
1870	Hylon Doty,	58,	May 5, 1876,	Wellsville
1875	Geo. F. Hurd,	26,	Sep. 29, 1876,	Rochester
1865	Carroll Dunham, A. M.,	49,	Feb. 18, 1877,	Irvington
1873	Wm. J. Bryan,	39,	July 13, 1877,	Corning
1874	Henry Sayles,	65,	March 8, 1877,	Elmira
1864	Daniel D. Smith,	71,	March 7, 1878,	Brooklyn
1867	Franklin F. Hunt,	68,	Oct. 20, 1878,	New York
1863	Erastus A. Munger,	66,	Nov. 4, 1879,	Waterville
1869	Stephen D. Hand,	72,	March 10, 1879,	Binghamton
1870	L. B. Waldo, A. M.,	64,	July 9, 1879,	West Troy
1871	H. V. Miller, A. M.,	51,	Nov. 26, 1879,	Syracuse
1873	J. M. Cadmus,	45,	May 10, 1879,	Waverly
1868	H. F. Adams,			Canastota
1868	Alfred H. Beers,	41,	Jan. 12, 1869,	Buffalo
1879	E. B. Squires,	29,	May 7, 1879,	Syracuse
1864	William Wright,	74,	Sept. 23, 1880,	Brooklyn
1866	Marcellus M. Gardner,	49,	July 31, 1880,	Utica
1867	A. C. Burke, A. M.,	62,	April 15, 1880,	Brooklyn
1867	Garret D. Crispell,	75,	Dec. 15, 1880,	Kingston
1874	Benjamin Lansing,		Sept. 21, 1880,	Rhinebeck
1880	Warren Freeman,	65,	April 5, 1880,	New York
1863	Benjamin F. Cornell,	76,	May 12, 1881,	Fort Edward
1865	E. T. Richardson,	67,	Aug. 14, 1881,	Brooklyn
1872	W. B. Stebbins,	74,	Nov 4, 1881,	Little Falls
1866	Jno. F. Gray, LL. D.,	78,	June 6, 1882,	New York
1874	Albert E. Sumner, A. M.,	42,	Aug. 31, 1882,	Brooklyn

1880	Wm. Scherzer,	57,	Feb. 21, 1882,	New York
1867	Augustus Pool,	65,	Aug. 9, 1883,	Oswego
1868	B. B. Schenck,	74,	March 22, 1883,	Plainville
1868	Harmon Swits,	64,	June 25, 1883,	Schenectady
1869	C. H. Carpenter,	58,	Sept. 23, 1883,	Troy
1872	George W. Peer,	63,	Jan. 12, 1883,	Rochester
1878	C.E. Blumenthal, LL. D.,	69,	Oct. 11, 1883,	New York
1880	Wm. H. Van Derzee,	26,	Aug. 29, 1883,	Albany
1863	Abijah P. Cook,	76,	Sept. 23, 1884,	Hudson
1879	L. W. Flagg		1885,	Yonkers
1870	F. W. Ingalls,		Feb., 15, 1885,	Kingston

LIST OF

OFFICERS,

HONORARY, SENIOR, PERMANENT

AND

DELEGATE MEMBERS.

OFFICERS, 1850--1885.

Year.	President.	1st. Vice President.	2d. Vice-Pres.	3d. Vice Pres.	Rec.Secretary.	Treasurer.	Cor. Sec.
1850.	* I. M. Ward, Albany.	*D. Chase, Palmyra.	*R. S. Bryan, Troy,	A. S. Ball, New York,	Henry D. Paine, Albany.		
1851.	*F. Vanderbergh, New York.	*L. Clary, Syracuse.	†F. Humphreys, Utica.	Geo. W. Lewis, Buffalo,	"		
1852.	*Lyman Clary, Syracuse.	Alonzo S. Ball, New York.	*S. H. Coburn, Hudson.	*D. Chase, Palmyra.	"		
1853.	Alonzo S. Ball, New York.	*N. H. Warner, Buffalo.	S. S. Guy, Brooklyn.	L. B. Wells, Utica	"		
1854.	*Amherst Childs, Waterloo.	*Henry Adams, Cohoes.	*Josiah Bowers, New York.	*E. T. Richardson, Syracuse.	"		
1855.	Samuel S. Guy, Brooklyn.	*M. M. Matthews, Rochester.	*R. S. Bryan, Troy,	David Springsteed, Albany.	"		
1856.	*M. M. Matthews, Rochester.	*J. M. Quinn, New York.	*Henry Adams, Cohoes.	*L. B. Wells, Utica.	"		
1857.	*R. S. Bryan, Troy.	*A. P. Cook, Hudson.	L. B. Wells, Utica.	†J. C. Peters, New York.	"	J. W. Cox, Albany,	
1861.	*Ethan A. Potter, Oswego.	*Simeon A. Cook, Troy.	A. R. Wright, Buffalo.	Cornelius Ormes, Panama,	Horace M. Paine, Clinton	J. W. Cox, Albany.	
1862.	*Jacob Beakley, New York,	A. R. Wright, Buffalo.	*E. A. Munger, Waterville.	W. S. Searle, Troy.	"	L. B. Wells, Utica.	
1863.	Henry D. Paine, Albany.	*William Wright. Brooklyn.	C. W. Boyce, Auburn.	Asa S. Couch, Fredonia.	"	"	
1864.	*Erastus A. Munger. Waterville.	S. S. Guy, Brooklyn.	A. R. Morgan, Syracuse.	"	"	"	
1865.	*Abijah P. Cook, Hudson.	*Benjamin F. Cornell, Moreau Station.	*Benjamin F. Bowers, New York.	L. M. Kenyon, Buffalo.	Horace M. Paine, Albany.	"	H. B. Fellows, Sennett.
1866.	Horatio Robinson, Auburn.	Lucien B. Wells, Utica.	*William B. Stebbins, Little Falls.	*Edgar B. Cole, Waterford.	"	*J. S. Delavan, Albany,	"
1867.	*B. F. Cornel, Moreau Station.	*S. B Barlow, New York.	William H. Watson, Utica.	L. M. Pratt, Albany.	H. B. Fellows, Aurora.	J. W. Cox, Albany.	E. D. Jones, Albany.
1868.	William H. Watson, Utica.	T. F. Allen, New York	T. L. Brown, Binghamton	D. F. Bishop, Lockport.	H. M. Paine, Albany.	W. S. Searle, Troy.	"
1869.	*William Wright, Brooklyn.	E. B. Holmes, Canandaigua	Henry Minton, Brooklyn.	*E. P. K. Smith, Auburn.	"	W. R. Searle, Brooklyn.	"
1870.	Lucien B. Wells, Utica.	Edwin H. Hurd, Rochester.	*Ezra P. K. Smith, Auburn.	T. Franklin Smith, New York	"	"	"
1871.	*John F. Gray, New York.	T. Franklin Smith, New York.	J. C. Raymond, Utica.	A. W. Holden, Glen's Falls.	"	J. F. McKown, Albany.	"
872.	H. A. Houghton, Keeseville.	Charles Sumner. Rochester.	H. S. Hutchins, Batavia.	G. L. Gifford, Hamilton,	"	Nelson Hunting. Albany.	L. M. Pratt, Albany.

1873.	E. Darwin Jones, Albany.	D. F. Bishop, Lockport.	J. Ralsey White, New York.	R E. Miller, Oxford.	Frank L. Vincent, Troy.	Nelson Hunting, Albany.	L. M. Pratt, Albany.
1874.	L. M. Kenyon, Buffalo.	*A. E. Sumner, Brooklyn.	S. C. Knickerbocker, Watertown.	*Henry Sayles, Elmira.	"	F. L. Vincent, Albany.	"
1875.	A. W. Holden, Glen's Falls.	E. M. Kellogg, New York.	*H. V. Miller, Syracuse.	R. S. Bishop, Medina.	"	E. D. Jones, Albany.	"
1876.	T. F. Allen, New York.	A. R. Wright, Buffalo.	William Gulick, Watkins.	Henry R. Stiles, Middletown.	Alfred K. Hills, New York.	F. L. Vincent, Troy.	"
1877.	Egbert Guernsey, New York.	William Gulick, Watkins.	Henry R. Stiles, Middletown.	H. D. Brown, Postdam.	"	E. S. Coburn, Troy.	H. L. Waldo, West Troy.
1878.	William Gulick, Watkins.	A. R. Wright, Buffalo.	W. M. L. Fiske, Bro klyn,	A. P. Throop, Poughkeepsie.	"	"	"
1879.	Asa S. Couch, Fredonia.	Alfred K. Hills, New York	E. Hasbrouck, Brooklyn.	J. J. Mitchell, Newburg.	H. L. Waldo, West Troy.	"	A. P. Hollett, Havana.
1880.	A. R. Wright, Buffalo.	E. Hasbrouck, Brooklyn.	N. Osborne, Buffalo.	R. A. Adams, Rochester.	"	"	"
1881.	Seldon H. Talcott, Middletown.	J. J. Mitchell, Newburg.	A. J. Frantz, Geneva.	*G. W. Peer, Rochester	A. P. Hollett, Havana.	"	C. E. Jones, Albany.
1882.	J. J. Mitchell, Newburg.	E. Hasbrouck, Brooklyn.	W. B. Kenyon, Buffalo.	W. M. Butler, Middletown	"	"	
1883.	Everitt Hasbrouck, Brooklyn.	W. B, Kenyon, Buffalo.	A. P. Williamson New York.	L. A. Clark, Cambridge.	"	"	
1884.	Edward S. Coburn, Troy.	Henry C, Houghton, New York.	H. M. Dayfoot, Rochester.	A. P. Hollett, Havana.	J. L. Moffat, Brooklyn.	H. L. Waldo, West Troy.	
1885.	M. O. Terry, Utica.	A. P. Hollett, Havana.	N. B. Covert, Geneva.	George M. Dillow. New York.	" H M. Dayfoot Roch'r	E. S. Coburn, Troy.	

*Deceased. †Expelled.

Honorray Members.

1864.

Constantine Herring, M.D., Philadelphia, Penn.
I. T. Talbot, M.D., Boston, Mass.
E. C. Witherill, M.D. Cincinnati, Ohio.

1865.

*Gaylord D. Beebe, M.D., Chicago, Ill.
Edwin M. Hale, M.D., Chicago, Ill.
*A. H. Oakie, M.D., Providence, R. I.
John C. Saunders, M.D., Cleveland, Ohio.
David Wilson, M.D., London, England.

1866.

*Elial T. Foote, M.D., New Haven, Conn.
*Samuel Gregg, M.D., Boston, Mass.
Charles T. Harris, M.D., Syracuse, N. Y.
*Wm. E. Payne, M.D., Bath, Me.
Francis Sims, M.D., Philadelphia, Penn.
David S. Smith, M.D., Chicago, Ill.

1867.

*Walter Williamson, M.D., Philadelphia, Penn.
*Ira Barrows, M.D., Providence, R. I.
Robert E. Dudgeon, M.D., London, England.
E. C. Franklin, M.D., St. Louis, Mo.
William L. Jackson, M.D., Boston, Mass.
Alvin E. Small, M.D., Chicago, Ill.

1868.

Charles Cropper, M.D., Lebanon, Ohio.
Charles Cullis, M.D., Boston, Mass.
Edwin R. Heath, M.D.,—Kansas.
William H. Holcomb, M.D., New Orleans, La.
Bushrod W. James, M.D., Philadelphia, Penn.

1869.

*William Bayes, M.D., London, England.
T. Cation Duncan, M.D., Chicago, Ill.
Wm. Henderson, M.D., Edinburgh, Scotland.
John C. Morgan, M.D., Philadelphia Penn.

1870.

John Drummond, M.D., Manchester, England.
John J. Drysdale, M.D., Liverpool, England.
John J. Edie, M.D., Leavenworth, Kansas.
*Dr, V. Granvogl, Munich, Bavaria.

H. R. Madden, M.D., London, England.
D. G. Woodvine, M.D., Boston, Mass.

1871.

C. Hempel, M.D,, St. Petersburg, Russia.
B. Hirshel, M.D., Dresden, Saxony.
Alfred C. Pope, M.D., Lee, England.
Mathias Roth, M.D., London, England.
*Robert J. McClatchey, M.D., Philadelphia, Penn.

1872.

C. G. McKnight, M.D., Providence, R. I.
*W. W. Rodman, M.D., New Haven, Conn.

1873.

*E. H. Ruddock, M.D.London, England.
L. de V. Wilder, M.D., Hartford, Conn.
F. B. Mandeville, M.D., Newark, N. J.
Samuel Worcester, M.D,, Salem, Mass.

1874.

*Leverett Bishop, M.D., Sanquoit, N. Y.
R. Ludlam, M.D., Chicago, Ill.

1875.

G. E. E. Sparhawk, M.D., Burlington, Vt.

1876.

*G. W. Swazy, M.D., Springfield, Mass.
*J. H. Pulte, M.D., Cincinnati, Ohio.

1878.

Thomas Skinner, M.D., London, England.

1879.

E. G. Cook, M.D., Chicago, Ill.
H. A. Houghton, M.D., Charlestown, Mass.

1880.

E. A. Guilbert, M.D., Dubuque, Iowa.
H. N. Guernsey, M. D., Philadelphia, Penna.

1881.

J. P. Dake, M.D., Nashville, Tenn.
W. L. Breyfogle, M.D., Louisville, Ky.
Samuel Potter, M.D., Milwaukee, Wis.
F. F. DeDerkey, M.D., Sacramento, Cal.
John C. Budlong, M.D., Providence, R. I.
J. H. Gallinger, M.D., Concord, N. H.

1882.

*R. E. Caruthers, M.D., Allegheny, Pa.
John M. Hayward, M.D., Liverpool, England.
J. Giles Blake, M.D., England.
Samuel A. Jones, M.D., Ann Arbor, Mich.
George B. Peck, M.D., Providence, R. I.
O. S. Runnels, M.D., Indianapolis, Ind.

1883.

J. L. Corbin, M.D., Athens, Pa.
D. B. Whittier, M.D., Fitchburg, Mass.
W. B. Chamberlain, M. D., Worcester Mass.

1884.

Wallace McGeorge, M.D., Woodbury, N. J.

Nominees for the Regents' Degree.

1863.

*Dr Frederick F. Stamm, Brooklyn.

1867.

*M. M. Matthews, Rochester.

1872.

Alfred W. Gray, Milwaukee, Wis.
Caspar Bruchhausen, Norwich.
William B. Reeve, Quogue.

1875.

*Constantine Hering, Philadelphia, Pa.

1876.

*John F. Gray, New York.

1877.

*Carroll Dunham, Irvington.
*H. V. Miller, Syracuse.
William H. Watson, Utica.
William Gulick, Watkins.

1878.

Egbert Guernsey, New York.

Charles Sumner, Rochester.
E. P. Fowler, New York.
C. Ormes, Jamestown.

1879.

A. W. Holden, Glen's Falls.
Asa S. Couch, Fredonia.
L. M. Pratt, Albany.
Edward Bayard, New York.

1880.

A. R. Wright, Buffalo.
O. Groom, Horseheads.
Henry Minton, Brooklyn.
W. C. Doane, Syracuse.

1881.

H. M. Paine. Albany.
E. H. Hurd, Rochester.
A. S. Ball, New York.
C. T. Harris, Syracuse.

1882.

Chas. E. Swift, Auburn,
E. Darwin Jones, Albany.

1883.

John W. Dowling, New York.
R. C. Moffat, Brooklyn.
L. M. Kenyon, Buffalo.
John J. Mitchell, Newburgh.

1884.

S. Powell Burdick, New York.
Timothy F. Allen. New York.

SENIOR MEMBERS.

1885.

1863. R. C. Moffat, M. D., Brooklyn,
1865. Wm. Galick, M. D., Watkins.

PERMANENT MEMBERS

*Senior Members.

		Elected.
Adriance, F. W.	Watkins	1883
Allen, George	Waterville	1883
Allen, T. F	10 E. 36th St., New York	1879
Armstrong, T. S	Asylum, Binghamton	1883
Atwood, J. Freeman	307 Cumberland St., Brooklyn	1883
Bacon, Chas. A	130 E. 35th St., New York	1879
Ball, Alonzo S	56 W. 53d St., New York	1863
Barker, C. C	Batavia	1873
Barnes, W. H	Chatham	1872
Baylies, B. L. B	Astoria	1883
Beach, Eliza J	Waverly	1875
Belcher, George E	522 Madison Ave., New York	1868
Biegler, J. A	58 S. Clinton St., Rochester	1879
Billings; G. H	Cohoes	1875
Birdsall, S. T	546 Bedford Ave., Brooklyn	1883
Bishop, D. F	Lockport	1864
Bishop, R. S	Medina	1867
Bonnell, Chas. L	3 Hanson Place, Brooklyn	1879
Boocock, Robert	Cosxackie	1883
Boyce, C. W	Auburn	1863
Bradner, Ira S	Middletown	1876
Brainard, T. L	Little Falls	1883
Brown, Titus L	91 Collier St., Binghamton	1863
Brown, W. B	Palmyra,	1871
Bryan, E. W	Corning	1880
Bullard. David H	Glen's Falls,	1864
Burdick, S. Powell	San Francisco, Cal.	1874
Butler, W. M	507 Clinton Ave., Brooklyn	1881
Calkins, T. T	Hudson	1868
Campbell, Alice B	114 S. 3rd St., Brooklyn	1882
Candee, J. W	76 Warren St., Syracuse	1885
Carr, Allen B	89 No. Clinton St., Rochester	1883
Carroll, S. H	214 State St., Albany	1874
Chapin, Edward	Clinton St., Brooklyn	1883
Chase, C. E	134½ Park Ave., Utica	1882
Clark, A. J	Binghamton	1883
Clark, C. G	Troy	1870
Clark, L. A	Cambridge	1879
Coburn, Edward S	91 Fourth St., Troy	1874
Coffin, H. W	Glen's Falls	1883
Cole, Directus D	Morrisville	1883
Cook, C. P	Hudson	1872
Cook, Joseph W	138 Delaware Ave., Buffalo	1883
Cornell, C. W	343 W. 29th St., New York	1884
Couch, Asa S	Fredonia	1864

Covert, N. B.	Geneva	1878
Cowl, Walter Y.	162 W. 34th St., New York	1883
Cox, G. A.	80 So. Swan St., Albany	1878
Cox, J. W.	109 State St., Albany	1869
Crandall, E. L.	Troy	1885
Curtiss, Alexander M.	63 W. Huron St., Buffalo	1883
Dayfoot, H. M.	41 Sophia St., Rochester	1881
Decker, Wm. M.	Kingston	1883
Delavan, J. Savage	182 State St., Albany	1871
Dods, A. Wilson	Silver Creek	1883
Doolittle, Jas. F.	Ballston, Spa.	1883
Doughty, F. E.	46 W. 33d St., New York	1877
Dowling, J. W.	313 Madison Ave., New York	1873
Dutcher, Merritt T.	Owego	1884
Eddy, Ermina C.	Elmira	1883
Elliott, J. B.	453 Clinton Ave., Brooklyn	1878
Everitt, Daniel L.	39 Madison St., Brooklyn	1867
Fancher, Edwin	Middletown	1885
Farley, C. J.	Fort Edward	1877
Faust, Louis	Schenectady	1885
Finch, Joseph	143 W. 44th St., New York	1881
Fiske, Wm. M. L.	12 Bedford Ave., Brooklyn	1875
Fowler, Wm. P.	63 So. Clinton St., Rochester	1876
French, W. W.	Ballston Spa.	1883
Frye, Moses M.	Auburn	1884
Fulford, G. H.	Henderson	1883
Fuller, Hiram E.	Lansingburgh	1885
Gallup, M. W.	Saugerties	1883
Gifford, Barton R.	Madison	1883
Gifford, G. A.	Clayville	1875
Gifford, G. L.	Hamilton	1868
Goewey, Catherine E.	213 Hamilton St., Albany	1880
Gorham, Geo. E.	140 Hamilton St., Albany	1883
Grant, B. F.	Bath	1874
Greenleaf, J. T.	Owego	1884
Guernsey, Egbert	526 Fifth Ave., New York	1865
*Gulick, William	Watkins	1865
Guy, C. N.	Maine	1885
Hale, C. D.	53 Warren St., Syracuse	1883
Hallock, Lewis	34 E. 39th St., New York	1867
Hand George F.	Binghamton	1884
Hasbrouck, E.	253 13th St., Brooklyn	1873
Hasbrouck, Sayer	Providence, R. I.	1883
Haviland, N. H.	Fulton	1880
Helmuth, William Tod	299 Madison Ave., New York	1873
Hill, C. Judson	Utica	1869
Holden, A. W.	Glen's Falls	1869
Hollett, A. P.	Havana	1875
Houghton, B. L.	Greene	1885

Houghton, Henry C.	12 W. 39th St., New York	1875
Howland, Anna C.	Poughkeepsie	1882
Hoxie, A. C	138 Delaware Ave., Buffalo	1877
Hulst, P. H.	Greenwich	1877
Hunting, Nelson	155 Hamilton St., Albany	1872
Hurd, E. H.	41 Sophia St. Rochester	1868
Hutchins, H. S.	Batavia	1870
Jones, Charles E.	140 State St., Albany	1878
Jones, E. Darwin	140 State St., Albany	1864
Joslin, B. F.	50 W. 29th St., New York	1868
Kellogg, E. M.	257 Broadway, New York	1866
Kenyon, L. M.	86 W. Mohawk St., Buffalo	1866
Kenyon, W. B.	86 W. Mohawk St., Buffalo	1883
King, George H.	Geneva	1883
Kinne, A. B.	29 E. Jefferson St., Syracuse	1882
Kinney, C. Spencer	Asylum, Middletown	1883
Knapp, Theodore P.	Union	1885
Knickerbocker, S. C.	Watertown	1870
Laird, F. F.	Gardner Block, Utica	1883
Laird, W. T.	Watertown	1883
Latimer, Wm. C.	114 Third Pl., Brooklyn	1884
Lawrence, Chas. M.	Port Jervis	1877
Lee, J. Mallory	9 Phelps Ave., Rochester	1884
Lewis, F. Park	188 Franklin St., Buffalo	1881
Lewis, G. W.	227 Pearl St., Buffalo	1869
Liebold, C. Th.	1271 Broadway, New York	1878
Lilienthal, S.	228 W. 34th. St., New York	1872
Linendall, Robert A.	Fort Edward	1883
Linsley, John S.	149 E. 39th St., New York	1876
Little, G. W.	Fort Edward	1873
Low, C. E.	Plattsburg	1878
Lozier, Clemence S.	103 W. 48th St., New York	1885
McKinney, Susan S.	178 Ryerson St., Brooklyn	1883
McKown, J. F.	Hamilton St. Albany	1871
McManus, G. D.	Oswego	1869
McMurray, Robert	234 Second Ave., New York	1871
McPherson, J. C.	Lyons	1883
Milbank, W. E.	34 Lodge St.. Albany	1879
Miller, Isaac	Delhi	1881
Miller, R. E.	Oxford	1871
Millspaugh, C. F.	Binghamton	1883
Minton, Henry	165 Remsen St., Brooklyn	1864
Mitchell, J. J.	Newburgh	1880
Moffat, John L.	17 Schermerhorn St., Brooklyn	1883
*Moffat, R. C.	17 Schermerhorn St., Brooklyn	1863
Morgan, A. R.	New York	1866
Morgan, E. J. Jr.	Ithaca	1882
Mosher, Charles M.	Easton	1863
Mull, P. W.	Ghent	1876

Nash, E. B.	Cortland	1885
Noble, G. Z.	Dundee	1864
Norton, George S.	154 W. 34th St., New York	1884
Ormes Cornelius	Jamestown	1871
Osborne, N.	73 W. Eagle St., Buffalo	1879
Otis, Clark	Penn Yan	1883
Otis, John C.	Poughkeepsie	1883
Paine, Henry D.	New York	1863
Paine, Horace M.	105 State St., Albany	1864
Palmer, George B.	East Hamilton	1867
Pearsall, John A.	Saratoga Springs	1882
Pearsall, S. J.	Saratoga Springs	1866
Peckham, J. J.	123 N. Pearl St., Albany	1881
Perrine, W. L. R.	137 Montague St., Brooklyn	1876
Peterson, O. W.	Waterloo	1884
Pettit, T. J.	Fort Plain	1871
Phillips, J. S.	Catskill	1881
Pratt, O. E.	Oneonta	1885
Pratt, L. M.	182 State St., Albany	1864
Preston, H. G.	138 S. Oxford St., Brooklyn	1875
Prichard, G. C.	Phelps	1882
Proctor, W. H.	Binghamton	1884
Radway, C. W.	Mexico	1885
Randell, W. H.	1 Clinton Sq., Albany	1873
Read, T. W.	Big Flats	1882
Rice, A. B.	Panama	1881
Rogers, E. W.	Crystal Springs	1879
Searle, W. S.	132 Henry St., Brooklyn	1865
Seeley, N. R.	Elmira	1871
Seymour, G. W.	Westfield	1883
Shafer, Levi	Kingston	1874
Shaw, J. C.	Hoosick Falls	1885
Sheldon, Jay W.	76 Warren St., Syracuse	1885
Simmons, D.	97 Lee Ave., Brooklyn	1884
Simmons, Silas S.	Susquehanna, Pa.	1885
Slaught, J. E.	Hamilton	1883
Smith, Henry M.	107 Fourth Ave., New York	1865
Smith, Oran W.	Union Springs	1884
Smith, T. Franklin	62 E. 128th St., New York	1871
Snyder, E. E.	Binghamton	1883
Southwick, A. B.	Rome	1871
Southwick, D. E.	Ogdensburg	1867
Spencer, Thomas D.	96 East Ave., Rochester	1884
Spoor, D. E.	Warrensburg	1883
Stebbins, J. H.	Geneva	1871
Stiles, S. E.	51 Greene Ave., Brooklyn	1880
Stiles, Henry R.	157 E. 91st St., New York	1885
Stobbs, Alex. V.	Mecklenburg	1883
Stumpf, D. B.	311 Elliott St., Buffalo	1885

Sullivan, R. B.	Baldwinsville	1884
Sumner, Charles	31 S. Clinton St., Rochester	1873
Sumner, Charles R.	31 S. Clinton St., Rochester	1882
Swift C. E.	Auburn	1870
Talcott, Seldon H.	Asylum, Middletown	1874
Terry, M. O.	196 Genesee St., Utica	1876
Thorn, Sarah Eddy	Catlin	1884
Throop, A. P.	Port Gibson	1874
Tilden, John N.	Peekskill	1883
Tracy, G. A.	Logan	1883
Truman, Irving P.	Belmont	1884
Vancleef, C. E.	Ithaca	1883
Vincent, F. L.	Troy	1873
Voak, J. B.	Canandaigua	1879
Von der, Lühe A.	296 S. 5th St., Brooklyn	1883
Waldo, H. L.	West Troy	1879
Watson, William H.	270 Genesee St., Utica	1866
Welch, C. Durant	Albany	1883
Wellman, W. I.	Friendship	1879
Wells, L. B.	225 Genesse St., Utica	1864
West, James A.	Geneseo,	1883
White, J. Ralsey	1976 Madison Ave. New York	1863
White, Sue A.	221 Genesee St., Utica	1883
White, T. C.	44 S. Clinton St., Rochester	1872
White Wm. Hanford	353 Fifth Ave. New York	1881
Whitney, E. J.	100 Lafayette Ave., Brooklyn	1875
Williamson, A. P.	Asylum, Middletown	1885
Wiiliamson, B. F.	Friendship	1880
Willis, Harrison	695 Lafayette Ave., Brooklyn	1877
Winterburn, George W.	29 W. 26th St., New York	1885
Woodbury, W. L.	Fulton	1875
Wright, A. R.	166 Franklin St., Buffalo	1863
Wright, Francis M.	Waverly	1885
Zoller, William	Fort Plain	1883
Zwetsch, J. D.	Gowanda	1883

Delegate Members.

N. B. Each county society will elect all of its delegates together for a term of four years.

*Permanent Members.

CLASS I.

Terms expire at the close of the annual meeting, February, 1886.

Kings County—12—Dr. Gertrude Gœwey-Bishop, 310 Throop Avenue.
(Brooklyn.) R. N. Denison, 172 Sixth Avenue.
B. Fincke, 122 Livingston Street.
D. A. Gorton, 137 Clinton Street.
Helene S. Lassen, 96 Henry Street.
Edwin J. Miner, 114 Gates Avenue.
George Nichols, 230 Leonard Street.
F. E. Robinson, 97 Sixth Avenue.
*D. Simmons, 97 Lee Avenue.
Samuel Talmage, 22 Schermerhorn Street.
R. K. Valentine, 15 Greene Avenue.
J. H. Ward, 60 Bedford Avenue.

Niagara and Orleans Counties—3—*R. S. Bishop, Medina.

Oneida County—3—F. D. Brooks, Clayville.
E. G. Kern, Herkimer.

Onondaga County—3—*C. D. Hale, 53 Warren Street, Syracuse.
C. P. Jennings, Skaneateles.
*A. B. Kinne, 29 E. Jefferson Street, Syracuse.

Ontario and Yates Counties—2—*N. B. Covert, Geneva.
*J. B. Voak, Canandaigua.

Orange County—2—H. C. Smith, Montgomery.
*A. P. Williamson, Middletown.

Oswego County—2—*N. H. Haviland, Fulton.
*C. W. Radway, Mexico.

CLASS II.

Terms expire at the close of the annual meeting, February, 1887.

Otsego County—2—P. G. Clark, Unadilla.
*O. E. Pratt, Oneonta.

Queens County—2—W. A. Allen, Flushing.
C. A. Beldin, Jamaica.

Rensselaer County—3—M. L. Dowdell, 73 Third Street, Troy.

Saratoga County—2—*W. W. French, Ballston Spa.
*John A. Pearsall, Saratoga.

Schuyler county—1—C. B. Knight, Tyrone.

Seneca County—1—A. J. Frantz, Canoga.

Steuben County—2—*B. F. Grant, Bath.
W. S. Purdy, Corning.

St. Lawrence County—3—

Tompkins County—1—*C. E. Van Cleef, Ithaca.

Ulster County—3—*M. W. Gallup, Saugerties.
Warren and Washington Counties—3—*L. A. Clark, Cambridge.
*A. W. Holden, Glen's Falls.
*C. T. Mosher, Easton.
Wayne County—2—
Westchester County—3—P. H. Mason, Peekskill.
R. R. Trotter, Yonkers.

CLASS III.

Terms expire at the close of the annual meeting, February, 1888.
New York County—24—Dr. P. E. Arcularius, 57 E. 21st Street.
C. E. Beebe, 21 W. 37th Street.
Mary E. Bond, 120 Lexington Avenue.
F. H. Boynton, 30 W. 33d, Street.
John Butler, 110 E. 26th Street.
Edmund Carleton, 58 W. 9th Street.
L. L. Danforth, 149 W. 44th Street.
H. M. Dearborn, 152, W. 57th Street.
Geo. M. Dillow, 102 W. 43d Street.
D. B. Hunt, 102 W. 29th Street.
Malcolm Leal, 154 W. 34th Street.
C. S. Macy, 117 W. 12th Street.
J. H. McDougal, Lexington Avenue Cor., 80th Street.
E. V. Moffat, 149 W. 44th Street.
N. A. Mosman, 6 E. 34th Street.
W. E. Rounds, 84 W. 36th Street.
J. M. Schley, 1 E. 42d Street.
St. Clair Smith, 6 W. 38th Street.
C. F. Sterling, 152 W. 34th Street.
John H. Thompson, 36 E. 30th Street.
S. H. Vehslage, 313 E. 18th Street.
Edwin West, 42 W. Washington Place.
J. McE. Wetmore, 41 E. 29th Street.
S. F. Wilcox, 39 W. 42d Street.

Hahnemann Hospital—1—Roger H. Lyon, Esq., 170 Broadway.
New York Medical College and Hospital for Women—1—Amelia Wright, M.D., 221 W. 34th Street.

CLASS IV.

Terms expire at the close of the annual meeting, 1889.
Albany County—4—*Dr. C. E. Goewey, 213 Hamilton St. Albany.
*G. E. Gorham, 140 Hamilton St., "
*J. J. Peckham, 123 N. Pearl St., "
Allegany County—1—*B, F. Williamson, Friendship,
Broome County—1—*G. F. Hand, Binghamton.
Cayuga County—2—W. H. Curtis, Owasco.
F. E. Murphy, Auburn.

Chautauqua and Cattaraugus—1—C. P. Alling, Bradford, Pa.
D. G. Alling, Dunkirk.
M. J. Lincoln, Olean.
*A. B. Rice, Panama.
Chemung County—1—. O. Groem, Horseheads.
Chenango County—1—S. J. Fulton, Norwich.
Columbia County—1—S. E. Calkins, Athens.
Dutchess County—2—W. R. Case, Poughkeepsie.
*Anna C. Howland, Poughkeepsie.
Erie County—5—H. Balthig, 350 Pennsylvania St., Buffalo.
H. E. Colton, 340 Pearl St., "
J. D. C. Heinemann, 73 E. Eagle St., "
*W. B. Kenyon, 86 W. Mohawk St., "
*N. Osborne, 73 W. Eagle St., "
Livingston County—1—W. W. Russell, Hemlock Lake.
Madison County—1—W. E. Deuel, Oneida.
Monroe County—3—M. E. Graham, Brockport.
F. W. Hartwell, Rochester.
E. H. Wolcott, 71 East Ave., Rochester.
Montgomery County—1—*Wm. Zoller, Fort Plain.

BIOGRAPHICAL.

The portrait presented as a frontispiece, is that of Edward Snyder Coburn, M. D., to whose untiring energy and recognized executive and business capacities, the State Society, of which he is a member, is indebted for a great degree of the vigor and prominence maintained by it during the past ten years.

Dr. Coburn was born at Ghent, Columbia Co., N. Y., on November 17, 1840. He was the only Son of an honored member of the society, the late Dr. Edward L. Coburn, a pioneer of Homœopathy, in the county in which he resided. The subject of this sketch received his early education at the well known institutions of learning located at Amenia, N. Y., and Ashland, N. Y., graduating at the the Collegiate Institute of the latter place. After his graduation, he taught for two years in the public schools of his native county, and then began the study of Medicine with his father, securing increased advantages by rendering frequent assistance in the office and sick room. He attended lectures at the Berkshire Medical College, Pittsfield, Mass., and the Homœopathic Medical College of New York, from which latter institution he was graduated March 3, 1864. By the kindness of the late Prof. Beakley, he immediately secured a position of activity and responsibility as the assistant of an eminent physician in New York. This alliance not proving congenial, was followed after a few months by a removal to Akron, Ohio, where he engaged in successful practice until March, 1867, when he removed, through solicitation, to Troy, N. Y. Here he has since resided, and been sustained with liberallty, receiving many tokens of kindness at the hands of many friends. His religious connections are with the Baptist denomination, naving been for many years, a respected member and trustee of the First Church of Troy.

He became a member of the American Institute of Homœopathy in 1869, and of the State Society in 1874. The latter society he served with unusual assiduity and fidelity, as its Treasurer during the years 1877, 78, '79, '80, '81, '82 and '83, when being enabled to present the society

a balance sheet showing no indebtedness, and a fair sum of money in the traesury, he declined to be re-elected treasurer. This declination was received with regret, at the annual meeting, held February, 1884. Recognizing the worth of his services, and eminent fitness for any official position within the gift of the society, he was unanimously transferred, by election to the Presidency. In this exalted position he exemplified his previous reputation for executive ability, as was shown by the amount and high standard of work done by the society during the year. Upon the expiration of his presidential term, he yielded to the solicitations of his colleagues, and permitted them to again elect him to the office of Treasurer.

The duties of that office he is now conducting with unabated vigor in behalf of the society, but with a sacrifice of professional and social relations, which is perhaps better known to the writer, (who has enjoyed his close friendship during many years, and highly esteems the privilege of making this contribution), than to many other members of the society.

E. HASBROUCK.

INDEX.

Abdominal Tumors, Diagnostic Value of the Long Tube in. H. I. Ostrom, M. D 29
A Case with a Suggestion. C. Th. Liebold, M. D..... 184
Accommodation, Paralysis of the, George S. Norton, M. D..... 117
Acute Sore Throat. E. Chapin, M. D..... 3
Address by the President..... 158
Address of Welcome. T. L. Brown, M. D..... 1
Affections of the Retina Resulting from Uterine Disturbances. A. B. Norton, M. D..... 127
Albuminous Leucorrhea. Henry Minton, M. D..... 94
Allegany County Society..... 214
Allen, H. C., M. D. Nomination of..... 150
Aloes in Intermitting Fever. B. L. B. Baylies, M. D..... 18
An Interesting Clinical Case. A. J. Clark, M. D..... 101
Annual Address by President Coburn..... 58
Annual Meeting..... 143
Apoplectiform Deafness. F. Park Lewis, M. D..... 106
Armstrong, T. S. M. D. Two Cases of Chronic Mania Cured..... 40
Attendance..... 2, 147
Auditing Committee, Report of..... 161
Bacteria. On the Test for. W. Y. Cowl, M. D..... 130
Baylies, B. L. B., M. D. A Case of Trismus..... 16
" " " Three Clinical Cases..... 18
Biographical. E. S. Coburn, M. D..... 290
Brown, T. L., M. D. Address of Welcome..... 1
" " " Causes of Diseases Peculiar to Women..... 92
" " " Remarks by..... 248
" " " Exercise and Rest in Diseases of Women..... 250
Bureaux. Reports of. See respective titles.
Butler W. M., M. D. Puerperal Insanity..... 191
By-laws. Amended 171, 215
Carbuncles. Treatment with Carbolic Acid Injections and Collodion. M. O. Terry, M. D. 52
Carcinoma of the Breast. The Necessity of Removing the Axillary Glands and Fat with, H. I. Ostrom, M. D..... 244
Causes of Diseases Peculiar to Women. T. L. Brown, M. D..... 92
Cayuga County Society..... 215
Censors. Report of..... 161
" Nomination of..... 161
Chapin, E., M. D. Acute Sore Throat..... 3
Chase, C. E., M. D. The Value of Objective Symptoms in Infantile Diseases..... 253
Cholera. The Present Epidemic of. H. M. Paine, M. D..... 232
Chronic Mania. Two Cases Cured. T. S. Armstrong. M. D..... 40
Clark, A. J., M. D. An Interesting Clinical Case..... 101
Clark, L. A., M. D. Resolutions Concerning..... 171
Climatology. Bureau of..... 138

Clinical Cases. Henry C. Houghton, M. D. 103
" " B. L. B. Baylies, M. D. 18
" Medicine. Bureau of 3, 232
" Review of Obstetric Cases. Mrs. C. S. Lozier, M. D. 76
Coburn, E. S., M. D. Address by 1, 53, 143
Cocoa in Broncho—Pulmonary Congestion 19
Committees. Appointment of 146
" Reports of—See respective titles
Conant, C., M. D. Action upon 216
Connecticut State Homœopathic Medical Society. Report of Dr. Hasbrouck, delegate to 210
Conference Committee. Report of 151
Constitution and By-laws 262
Cook, A. P., M. D. Obituary 168
Cowl, W. Y., M. D. On the Test for Bacteria 130
Credentials. Report of the Committee on 2
Davis, C. G., M. D. Prognosis in Otitis Media Catarrhalis Chronica 107
" " " Vulnus Bulbi 125
Deafness, Apoplectiform. F. Park Lewis, M. D. 106
Deafness. Relation of to Interstitial Keratitis. Sayer Hasbrouck, M. D. 216
Delegates. Reports of 204, 210, 211
Description of a New Urea Flask. Malcolm Leal, M. D. 134
Diagnostic Value of the Long Tube in Abdominal Tumors. H. I. Ostrom, M. D. 49
Dillow, George M., M. D. Recurring Papilloma of the Right Vocal Cord 255
Dutcher, Merritt T., M. D. Rigid Os 81
Dynamic Medicine. Remarks on. H. M. Paine, M. D. 225
" " Dr. Paine's Resolution on 202
Ear. Relation of Certain Diseases of the—to the Brain. C. F. Sterling, M. D. 110
Early Removal of Secundines after Abortion. T. D. Spencer, M. D. 226
Election of Officers 248
" " Permanent Members 161
" " Senior Members 249
Enforced Rest in the Treatment of the Insane. S. H. Talcott, M. D. 29
Evening Session 56
Exalted Delusions in Chronic Mania. C. Spencer Kinney, M. D. 189
Exercise and Rest in Diseases of Women. T. L. Brown, M. D. 250
Eye Symptoms of Diseases of the Brain and Spinal cord. E. H. Linnell, M. D. 119
Eye Symptoms of Physostigma. John L. Moffat, M. D. 179
Flagg, L. W., M. D. Obituary 165
Flask. A New Urea. Malcolm Leal, M. D. 134
Forceps. The Use of the. J. M. Lee, M. D. 220
Fulton, S. J., M. D. Mania treated with Jamaica Dogwood and Kali Bromidum 46
General Paresis in Women. A. P. Williamson, M. D. 183
Groom, O., M. D. Vitiated Air 133
Gynæcology. Bureau of 92, 250
Hart C. P., M. D. A Case of Puerperal Melancholia 27
Hasbrouck, Sayer, M. D. The Relation of Deafness to Interstitial Keratitis 216
Hill C. Judson, M. D. Post Partem Hemorrhage 85
Histology, Bureau of 130, 204
Houghton, Henry C., M. D. Clinical Cases 103
Howland, Anna C., M. D. Nomination of—for Regents Degree 249
Hutchins, H. S., M. D. " " " " 249
Ingalls, F. W., M. D. Obituary 166
In Memoriam 273
Ingrowing Toe Nail. Its Painless and Speedy Cure. M. O. Terry, M. D. 246
Insane. Enforced Rest in the Treatment of the. S. H. Talcott, M. D. 29
Insane. Five Labor Cases Among the. A. P. Williamson, M. D. 33
Intermitting Fever Cured by Aloes. B. L. B. Baylies, M. D. 18
Joslin. B. F., M. D. Action Upon Resignation of 272
Kershaw, J. Martine, M. D. Loss of Memory—Anacardium Orientale 28
Kinney, C. Spencer, M. D. Exalted Delusions in Chronic Mania 189
" " " " A Case of Meningeal Abscess 38
Labor Cases Among the Insane, Five. A. P. Williamson, M. D. 33
Laryngology. Bureau of 255

Laird F. F., M. D. Neurasthenic Symptoms of Physostigma 70
" " " Outline Therapeutics of Spinal Irritation 175
Latimer, W. C., M. D. A Case of Phlegmonous Erysipelas 11
" " " Petroleum and its Preparations 172
Leal, Malcolm, M. D. Description of a New Urea Flask 134
Lee, J. M., M. D. Narrowing of the Meatus Urinarius 240
" " " Three Abnormal Labors 83
" " " The Use of the Forceps 220
Legislation. Report of the Committee on 152
Leucorrhœa Albuminous. Henry Minton M. D 94
Leucocythæmia. Profound Anæmia. H. M. Paine, M. D 237
Lewis, F. Park, M. D. Apoplectiform Deafness 106
Liebold, C Th., M. D. A Case with a Suggestion 184
Linnell, E. H. M D. Eye Symptoms of Diseases of the Brain and Spinal Cord 119
" " " Lithiasis 18
Long Retention of Placenta After Abortion. Two Cases. T. D. Spencer, M. D 90
Lozier Mrs. C. S., M. D. A Clinical Review of Obstetric Cases 76
" " " " Remarks Dress for Women 248
Mania. Two Cases of Chronic Cured. T. S. Armstrong, M. D 40
" Treated with Jamaica Dogwood and Kali Bromidum. I. J. Fulton M. D 46
Materia Medica. Bureau of 19, 70, 171
Medical Bric a Brac. Annual Address E. S. Coburn, M. D 58
Members. Permanent List of 282
" Election of 161
" Nomination of 150
" Honorary. Nomination of 150
" " List of 278
" Senior. Election of 249
" " List of 281
" Deceased Permanent. List of 273
" Delegate. List of 287
Meningeal Abscess. A Case of. C. Spencer Kinney, M. D 38
Middletown Asylum 269
" " Resolutions and Committee in Aid of 269, 270
Middle Ear Suppuration. Two Recent Agents for the treatment of. C. F. Sterling, M. D 218
Millspaugh, C. F., M. D. Tobacco 20
Minton, Henry D., M. D. Albuminous Leucorrhœa 94
Moffat, John L., M. D. Eye Symptoms of Physostigma 179
" " " Remarks on Ante Partem Use of Pulsatilla 225
" " " Resolution. Thanks to Grover Cleveland 262
" " " " " " Mayor and Common Council of Albany 262
Murphy, F. E., M. D. Communication from 215
Narrowing of the Meatus Urinarius. J. M. Lee, M. D 240
Necrologist. Report of 163
Neurasthenic Symptoms of Physostigma. F. F. Laird, M. D 70
Nomination of Censors 161, 249
" " Honorary Members 150
" " Officers 149
" " Permanent Members 150
" " Candidates for Regents Degree 249
Objective Symptoms in Infantile Diseases. C. E. Chase M. D 253
Obstetrics. Bureau of 76, 220
Officers. Election of 248
" Nomination of 149
" 1850—1885 List of 276
Ohio State Homœopathic Medical Society. Report of Delegates to 211
Opening Address by President Coburn 143
Ophthalmology. Bureau of 117, 179
Organization of State Boards of Medical Examiners. H. M. Paine M. D 152
Ostrom, H. I., M. D. Diagnostic Value of the Long Tube in Abdominal Tumors 49
" " " Necessity of Removing the Axillary Glands and Fat with Carcinoma of the Breast 244
Otology. Bureau of 103, 216

Otitis Media Catarrhalis Chronica Prognosis in. C. G. Davis, M. D. 107
Outline Therapeutics of Spinal Irritation. F. F. Laird, M. D. 175
Pædology. Bureau of 253
Paine H. M., M. D. Organization of the State Boards of Medical Examiners 152
" " " Resolutions in Aid of the Middletown Asylum 270
" " " Leucocythaemia—Profound Anaemia 237
" " " Scirrhus of the Breast 251
" " " Resolution regarding Dynamic Medicine 262
" " " Remarks on Dynamic Medicine 225
" " " The Present Epidemic of Cholera 232
Paralysis of the Accommodation. George S. Norton, M. D. 117
" " Superior Oblique and Internal Rectus Muscles. A. B. Norton, M. D. 182
Peck, G. B., M. D Remarks by 212
Petroleum and Its Preparations. W. C. Latimer, M. D. 172
Phlegmonous Erysipelas. A Case by 11
Physostigma. Eye Symptoms of. John L, Moffat, M. D. 179
" Meurasthenic Symptoms of. F. F. Laird, M. D. 70
Post Partem Hemorrhage. C. Judson Hill M. D. 85
President's Address 2
" " Report of Committee on 259
Prevention of Insanity. S. H. Talcott, M. D. 202
Prognosis in Otitis Media Catarrhalis Chronica. C. H. Davis, M. D. 107
Puerperal Insanity. W. M. Butler M. D. 191
" Melancholia. A Case. C. P. Hart, M. D. 27
Recurring Papilloma of the Right Vocal Cord. George M. Dillow, M. D. 255
Regents Degree. Nominations for 249
" " List of Physicians who have received it 280
Relation of Certain Ear Diseases to the Brain. C. F. Sterling, M. D. 110
Reports, (Vide their respective subjects,)
Resolutions. 1853—1884 269
Resolutions regarding L. A. Clark, B. F. Joslin, Chairman of Bureaux, Middletown Asylum, Permanent members, Permission to Publish, State Boards, Transactions, F. L. Vincent 272
Rigid Os. Merritt T. Dutcher, M. D. 81
Scirrhus of the Breast. H. M. Paine, M. D. 251
Senior Members. Election of 249
Semi-Annual Meeting. Selection of time and place for next 151
Spencer, T. D., M. D. Early Removal of Secundines after Abortion 226
" " " Two Cases of Long Retention of Placenta after Abortion 90

Spinal Irritation. Outline Therapeutics of. F. F. Laird, M. D. 175
State Boards of Medical Examiners. H. M. Paine M. D. 152
" " " " " Resolutions regarding the appointment of 262
Sterling, C. F., M. D. The Relation of Certain Ear Diseases to the Brain 110
" " " Two Recent Agents for the Treatment of Middle Ear Suppuration 218
Surgery. Bureau of 48, 240
Talcott, Selden H., M. D. Enforced Rest in the Treatment of the Insane 29
" " " Prevention of Insanity 202
Terry. M. O., M. D. Treatment of Carbuncles with Carbolic Acid Hypodermically, and Collodion Externally 52
" " " On the Treatment of Ingrowing Toe Nail 246
Thanks. Votes of 55, 69, 143 262
The Tests for Bacteria. W. Y. Cowl, M. D. 130
The Necessity of Removing the Axillary Glands and Fat with Carcinoma of the Breast, H. I. Ostrom, M. D. 244
Three Abnormal Labors. J. M. Lee, M. D. 83
Three Clinical Cases. B. L. B. Baylies, M. D. 18
Tobacco. C. F. Millspaugh, M. D. 20
Transactions Voted to Brooklyn Library 214
Treasurer's Report 147
Treatment of Carbuncles with Carbolic Acid Hypodermically and Collodion Externally. M. O. Terry, M. D. 52
Trismus and Left Sided Facial Spasm. A Case of. B. L. B. Baylies, M. D. 16
Two cases of Chronic Mania Cured. T. S. Armstrong, M. D. 40
Two Cases of Long Retention of Placenta After Abortion. T. D. Spencer M. D. 90

Two Reflect Agents for the Treatment of Middle Ear Suppuration. C. F. Sterling, M. D. 218
Urea Flask. A New. Malcolm Leal, M. D. 134
Van Derzee, Wm. H., M. D. Obituary 163
Vernon, Elias, M. D. Nomination of 150
Vincent, F. L., M. D. Re-instated 171
Vitiated Air, O. Groom, M. D. 138
Vote of Thanks to Albany Authorities 262
" " " " Dr. Armstrong and Ladies 56
" " " " Broome County Authorities and Society 143
" " " " President Cleveland 262
" " " " President Coburn 69
Vulnus Bulbi. C. G. Davis, M. D. 125
Washington Homœopathic Hospital Fair 70
" " " " Report of Committee 162
Welch, C. D., M. D. Ante Partem Use of Pulsatilla. Remarks 224
Williamson, A. P., M. D. General Paresis in Women 186
" " " Salient Features of Five Labor Cases Among the Insane 33
Williamson B. F. M. D. Communication from 214
Wright A. R., M. D. Remarks on Rapid Dilitation 232
Wyman, E. L., M. D. Remarks by 212

3 gal
87 +